

BOARD OF SUPERVISORS

Brown County



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HUMAN SERVICES COMMITTEE

Erik Hoyer, Chair

Patrick Evans, Vice Chair

Joan Brusky, Thomas De Wane, Aaron Linsen

HUMAN SERVICES COMMITTEE

Wednesday, March 25, 2020

6:00 PM

**Room 200, Northern Building
305 E. Walnut Street, Green Bay**

NOTICE IS HEREBY GIVEN THAT THE COMMITTEE MAY TAKE ACTION ON ANY ITEM LISTED ON THE AGENDA

- I. Call Meeting to Order.
- II. Approve/Modify Agenda.
- III. Approve/Modify Minutes of February 26, 2020.

Comments from the Public.

Report from Human Services Chair, Erik Hoyer.

1. **Review Minutes of:**
 - a. Aging & Disability Resource Center of Brown County – Nominating and HR Committee (November 14, 2019).
 - b. Human Services Board (February 13, 2020).

Communications

2. Communication from Supervisor Tran: Resolution to Provide Emergency Funding to Combat COVID-19 in Brown County. *Referred from March County Board.*

Wind Turbine Update

3. Receive new information – Standing Item.

Health & Human Services Department

4. Budget Adjustment Request (20-025): Any increase in expenses with an offsetting increase in revenue.
5. Executive Director's Report.
6. Financial Report for Community Treatment Center and Community Services.
7. Statistical Reports.
 - a) Monthly CTC Data.
 - i. Bay Haven Crisis Diversion.
 - ii. Nicolet Psychiatric Center.
 - iii. CTC Double Shifts.
 - b) Child Protective Services – Child Abuse/Neglect Report.
 - c) Monthly Contract Update.
8. Request for New Non-Contracted and Contract Providers.

ADRC – No agenda items.

Syble Hopp School – No agenda items.

Veterans Services – No agenda items.

Other

9. Audit of bills.
10. Such other Matters as Authorized by Law.
11. Adjourn.

Erik Hoyer, Chair

Notice is hereby given that action by Committee may be taken on any of the items which are described or listed in this agenda.

Please take notice that it is possible additional members of the Board of Supervisors may attend this meeting, resulting in a majority or quorum of the Board of Supervisors. This may constitute a meeting of the Board of Supervisors for purposes of discussion and information gathering relative to this agenda.

PROCEEDINGS OF THE BROWN COUNTY
HUMAN SERVICES COMMITTEE

Pursuant to Section 19.84 Wis. Stats., a regular meeting of the **Brown County Human Services Committee** was held on Wednesday, February 26, 2020 in Room 200 of the Northern Building, 305 E. Walnut St., Green Bay, WI.

Present: Chair Hoyer, Supervisor De Wane, Supervisor Evans, Supervisor Brusky, Supervisor Linssen
Also Present: Supervisors Tran and Van Dyck; Health and Human Services Director Erik Pritzl, Chief Deputy Brad Brodbeck, Jail Captain Heidi Michel, Public Health Officer Anna Destree, Nursing Home and Hospital Administrator Samantha Behling, Community Services Administrator Jenny Hoffman, Finance Manager Erik Johnson, ADRC Director Sunny Archambault; other interested parties.

I. Call Meeting to Order.

The meeting was called to order by Chair Hoyer at 6:00 pm.

II. Approve/Modify Agenda.

Motion made by Supervisor Brusky, seconded by Supervisor Linssen to amend the agenda to move Item 7 after Item 1. Vote taken. **MOTION CARRIED UNANIMOUSLY**

III. Approve/Modify Minutes of January 22, 2020.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Comments from the Public. None.

Report from Human Services Chair, Erik Hoyer.

Hoyer thanked everyone for attending, this was his last meeting as Chair so he was looking forward to see what they talk about.

1. Review Minutes of:

- a. Aging & Disability Resource Center of Brown County (October 24 and December 12, 2019).
- b. Criminal Justice Coordinating Board (February 4, 2020).
- c. Human Services Board (November 14, 2019).
- d. Mental Health Treatment Subcommittee (January 15, 2020).
- e. Veterans' Recognition Subcommittee (January 21, 2020).

Motion made by Supervisor Linssen, seconded by Supervisor De Wane to take Items 1a-1e. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Motion made by Supervisor Linssen, seconded by Supervisor Brusky to receive and place on file Items 1a-1e. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Although shown in proper format here, Item 7 was taken at this time.

Action Items

2. Project 2358 Jail Expansion, ME Building, and CTC Addition – Bid Summary & Award Recommendation.

Public Works Director Paul Fontecchio informed the bids were for all 3-projects, it came before this committee for action relating to the CTC portion of the project. It will go before Public Safety for approval for the Jail and ME portion. As they went through the design process, there were things they would like to have but don't know how the bids will be and from a budgetary point of view, they put

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them as additives. With the approval of the additives it was \$17.7 million. They were recommending that it be approved. It will start quickly in spring and Miron was telling them initially that they will be done with all 3-projects by the end of the year, so it was very fast. Responding to Hoyer, Fontecchio informed there were quite a few different alternative bids in terms of equipment, etc. Pritzl stated there was one design feature and something with porcelain tile and the material used on the ceiling in the open space of the facility. Fontecchio added he felt it would be starting in April. The Highway Department had all the earthwork done, the pond done and all the storm sewers outside was all built already.

Motion made by Supervisor De Wane, seconded by Supervisor Evans to award Project 2358 to Miron Construction in the amount of \$17,707,952 including base bid #1 and all the project alternative bids. Nay: Linssen. Vote taken. MOTION CARRIED 4 to 1

Communications

3. **Communication from Supervisor Tran re: Crisis Center – with no direct bus line, how do we meet the needs of people? Vouchers to get there? What if they're wheelchair-bound, how do they get there?**
Jan Motion: To put this communication on the next Human Services Committee agenda and invite Family Services, Sheriff's Department and Jail representatives and Green Bay Transit to come to the meeting and also to start investigating the possibility of a county voucher system, i.e.: reimbursement for taxi or Uber.

Pritzl informed Green Bay Transit was unable to make the meeting but will be at the Mental Health Subcommittee on March 18, 2020, which reports up to this committee.

Supervisor Tran was at the CTC for a meeting and was a bit concerned. She spoke with Director Pritzl and their thoughts were asking Green Bay Transit to move their current bus stop from where the CTC entrance was to where the new Crisis Center will be, 50 yards down. Her other concern was if someone was wheelchair bound or had other disabilities, what could they do to help them? And what did they do in the situation where someone didn't live on a bus route. She was looking for guidance and ways to help constituents.

Jenny Younk - Program Manager, Crisis Center

Younk stated with the move they had heard quite a bit about concerns for accessibility in terms of being less centrally located. Knowing that they recently did a time study to look at accessibility and how people were accessing their services, how many coming by foot and how many coming by bus. For a week they asked everyone how they got to them, 90 were polled and only one arrived by bus, 69 came either police vehicle or personal vehicle and 19 walked in. 12 of those walk-ins came solely for warmup purposes, coming out of the cold looking for a warm place to sit. Seven were true crisis service needs. That tells them that the percentage of people coming should be able to access their services regardless of where they were located. To speak to the point of if there were barriers in terms of people not being on a bus line, not being able to utilize the bus, historically if someone has called them and they believed they needed to come in and they didn't have natural supports for transportation or other ways to get there, they have offered cab vouchers. She understood that might not work for someone in a wheelchair, they were a mobile service and can go out to the home as long as it was a safe situation for their counselors. That would be another option where they would take advantage of their mobility and go out to the individual rather than having them go through the difficulty they might have getting out to their location, again, regardless of where they were.

Hoyer questioned if they had to do this since they started the mobile crisis, specifically for mobility issues? Younk informed they have, primarily when law enforcement has been at a home and they recognize when an individual may not be able to be accommodated in a squad car. They will often call them out to the home and not have to transport those people. In other instances, when someone was at the hospital, they can go mobile there or need be, they were transferred via rescue squad.

Evans was trying to get her take on it, what Tran brought up was certainly legitimate and one missed crisis can be devastating. He could appreciate the statistics but she was the professional. Younk fully agreed, they didn't want any barriers to their services and they wanted to be able to serve anyone in crisis and would do whatever they can to accommodate them. If there was a transportation barrier, they offer whatever they can to circumvent that. Some of the same barriers where they were located

currently would still be an issue in terms of if someone can't utilize the bus or wasn't on a bus line on the front end of where they were coming from. She didn't believe the change necessarily made them less able to serve those individuals than they currently were. Responding to Evans, she's not trying to suggest that they don't need a bus stop, there was currently a bus stop on campus at the CTC. They did discuss whether they would need to move it closer to the Crisis Assessment Center when they move out there, the concern with that was that people were going to see that as the main entrance to the CTC and start coming through there rather than going directly into the main entrance which was in line currently with the bus stop. They discussed putting signage up, adjust the sidewalk to make it easier for them to access their entry there. Evans felt they could do that. That was easy. He questioned if they had information of people who were wheelchair bound or physically disabled using their services. Younk stated they don't necessarily track individuals with disability. Evans questioned if there was one person, Younk responded absolutely, they had people coming in with wheelchairs and walkers. Their current location was not the best for accessibility so it was one improvement they will have at the new location, it's all one level and they don't have to get to a lower level.

Linssen questioned if there were any potential gaps in service related to transportation to the crisis center from any part of the county and what are the concerns with that to make sure they were addressing that properly. Younk stated gaps in terms of if people don't have access to a vehicle, aren't on the bus line, can't be served by a cab, and would be the other potential barrier which again would possibly be people with disabilities so their option would be to go to them. She's hoping they would be able to close those gaps with their mobility. If people can't come into them, their option would be to go to them and do what they needed to do to make sure it was both safe for the individual and the counselors going in.

Linssen questioned if there was transportation for getting back to the other facilities as needed? Younk stated if someone was going somewhere voluntarily, they were going to in patient unit or one of the crisis stabilization facilities or even if they had to go to a hospital and it's not an urgent need, their staff can transport as long as the individual was comfortable, the staff was comfortable and it didn't require a more secure vehicle because they were driving their personal vehicle. For transporting people with a disability, they look at if they had medical assistance and can utilize transport covered. If it was something more urgent they would likely rely on rescue squad.

Brusky questioned if they had data or done any studies on what geographical areas their clients come from? Younk informed in 2019 they looked at the zip codes and while they saw 5,500 people they saw face to face, this captured roughly 3,400 unique repeat individuals. About 24% were coming from the 54301 zip code, 11% 54302, 13% 54303, 10% 54304, 8% 54311, 7% 54313 and 54115 (De Pere), everything else was pretty nominal.

Hoyer stated in terms of the people walking in because the cold or seeking services, one of the new things was they were open 24 hours a day and there was that option. Were there any other options in the perimeter nearby so that if someone who was having a crisis, maybe it wouldn't be the crisis center but at least they would be open or available to getting in touch with crisis. Younk informed one block south of them on Adams St., their lobby was open 24/hours a day but she's sure they don't want them to promote them as the next option but in terms of being able to access a home or being able to be face to face with someone to say they need immediate assistance, they would have that option.

Linssen stated St. John's Shelter was two blocks as well.

Tana Koss – Crisis Center Director

Koss informed they were brainstorming about this because they were very concerned. They hadn't reached out to some of their neighbors who were open 24/7 to see if a phone call would be disruptive, like Green Bay Police. They think technology might help with an answer, like the RING doorbell, at least temporality, they could have voice to voice contact and dispatch resources to get them to their new location. No matter how much advertising they do, there were going to be some individuals who count on them being there.

Heidi Michel – Jail Captain

Michel informed they hand out vouchers to people being released and keep track of the people they hand bus passes to. Some come in already with a monthly bus pass. On a typical Monday they hand out 20, maybe 30, every week. Responding to Evans, it was difficult to say how many physically disabled or wheelchair bound inmates they had. Out of the total population, maybe 2-3% at their main jail facility.

Dan Sandberg – Sheriff Patrol Captain

Sandberg stated the Crisis Center move created a lot more efficiency for them from a patrol standpoint. It was almost a 'one-stop-shop' if someone was going to the Crisis Center for the assessment, then the potential was, if they were going to be put in CTC, it was right there. Speaking for the Sheriff's office, they were usually coming from outside the city limits to bring the person to the Crisis Center downtown. Sometimes they remain there, if there was a safety issue, if not, they leave but then they come back, pick up the person and take them to the CTC. Responding to Evans, the City of Green Bay handled 55% of the Emergency Medical Detentions (EM1) that occur the Sheriff handles 30%, Ashwaubenon handles about 7% and even for Green Bay PD, it was a more efficient means for them also.

Tran questioned if they foresee the vouchers running out of money and would need some sort of emergency fund to get people to where they need to go for help? Or if it was ever an issue. Younk informed they didn't have a set amount for vouchers. In 2019 they spent \$4,200 on cab vouchers, but that could include getting people to them, from them to another location, etc. There was not really a cap on it, they budgeted for a set amount but if they need to go above that, they adjust else ware.

Sandberg informed it would be significantly more expensive to have an officer bring someone and then you're also removing them and that area of coverage was covered by someone else, taking a larger section. They don't transfer voluntarily.

Tran questioned the time difference to the furthest point in Brown County. Chief Deputy Brad Brodbeck stated it allowed better use of the interstate system because they can stay on the highway system verses getting into the residential streets, allows to get to places quicker with easy access on the highway system.

If there was something the county could do on their end, Tran stated they would be glad to help or she'd receive and place on file her communication. Younk stated if there was assistance with vouchers, Family Services wouldn't turn that away but beyond that, she really thinks they thought this through, they had a lot of conversations about what they needed to do to preplan so there weren't any gaps and they were ready for the move. Tran stated she brought it forward as members of the coalition asked her to but they probably didn't have the knowledge of the planning they had done.

Linssen questioned where the funds came from for the vouchers, Koss informed that about 80% of their overall budget was coming from their contract with Brown County. They had a number of other contracts and support from fundraising and United Way. They budget for a certain amount of client transportation assistance but they wouldn't cap it, it was something they go over budget for. Looking at the last number of years, there were years that they had gone into significant deficit in their budget and that was Family Services fundraising that helped keep it going. There were other years where balance was fine. By nature of 24/7 and the amount of staffing they had, there were so many variables.

Hoyer felt the fact that they will have the bus system at the Mental Health, it will be nice to kind of tie that all together.

**Motion made by Supervisor De Wane, seconded by Supervisor Linssen to receive and place on file.
Vote taken. MOTION CARRIED UNANIMOUSLY**

4. **Communication from Supervisor Van Dyck re: To Amend Chapter 2 of the County Code of Ordinances, Section 2.06 (Administration Committee) and Section 2.10 (Human Services Committee), changing the oversight committee for Child Support from Administration Committee to Human Services Committee. Referred from February County Board.**

Van Dyck informed this was a subset of a larger communication. According to Corporation Counsel, this had to be referred to Executive Committee. The purpose of this change was that in meeting with Supervisor Sieber, and talking about the proposed change to the Executive Committee, much of the responsibilities that currently fall under the Executive Committee, the plan would be to transfer those oversites to the Administration Committee. As Sieber looked at the oversites, it was his suggestion to move Child Support to Human Services. It was his understanding that department heads met in groups with the County Executive and the Child Support department head met along with the rest of the department heads that reported to this committee not the Admin group.

Evans could kind of see where it made sense in theory but he also understood it was a financial matter so he understood why it was under Administration, you're dealing with attorneys, finance and paternity. He would like to hear from Administration on this. He didn't see how moving it from Admin to HS changes the way they do business. He was not excited about changing it and wanted to talk to the Child Support Director.

Van Dyck agreed, he didn't believe anything was going to change and reiterated it was a suggestion by Sieber, if Administration would take on some of the responsibilities of the Executive Committee, it may be beneficial to take one department and move it. This was the one that stuck out where it could go either place.

Motion made by Supervisor Linssen, seconded by Supervisor De Wane to support and refer to Executive Committee for consideration. Vote taken. MOTION CARRIED UNANIMOUSLY

5. Communication from Supervisors Tran, Evans & Brusky re: To direct the Board of Health to do a double-blind study on the health effect of infrasound (produced by wind turbines). Referred from February County Board.

Tran informed there would be a financial aspect to this request, it was doable but the question was, did they have the money or manpower to do it. The other option was sending a resolution to DHS to have them do a study. She was not sure the best course of action but something needed to be looked at. She knew there was a lot of people thinking this was all a placebo affect but how can you prove that someone has an ailment or not. A way to disprove or to test it was to do a study. Initially she thought if she were to design the study, her hypothesis would be, can exposure to infrasound or the flickering of the blades produced by wind turbines cause adverse health affect. You would do two different experiments and you'd have baseline subjects who had never been exposed to wind turbines, who know nothing about it and don't care about it. Bring them to various areas in Brown County blinded and measure different things such as heartrate and reactions. Second part would be letting them watch a video of wind turbines and negative health effects and take those people back again to the same areas and re-measure to see differences in reactions. The other experiment would be done with the people affected currently. They could hire an expert to do this but it wouldn't be hard to create a baseline.

De Wane believed they went through what seemed like 20 years doing all of this and had meetings after meetings and doctors from all over the world and bringing studies and experts from all over the world. Hoyer added, particularly studies of this site and of this area. International people have come here.

Linssen stated they had a wind turbine update as a standing item on the agenda for 3-4 years now and had been accepting reports and studies that come in that people submit for consideration and putting them into the record and keeping on file in the County Board office. There have been some studies done and there were individuals who question some of the health effects. Three years or so they looked at what the cost of doing a study was and it was quite significant. They reached the determination, after consultation with Administration, essentially it was the states responsibility to do that kind of stuff and they did send something along to the state asking for them to look into it

further. The state has been very clear that through their work, they don't believe there was a health affect. It was his understanding, as of three years ago, they weren't intending to do any significant research. He didn't know if that will change with the new Administration, it was possible. If they wanted to forward a resolution again, they could but any study they do on this topic was going to be prohibitory expensive, at least a 6-figure study if not more. Part of the reason was you have to be able to account for the placebo affect and it was hard to do when you are talking about symptoms that tend to be more of a long term thing for a lot of people. From all the stuff he's read, if little Brown County as opposed to all these national health organizations, was going to do gold standard study on this, he didn't really know if they have the funding or if it was their role to play in all of this. The state has infinitely more resources for this type of stuff than the county. He felt it was a waste of taxpayers money.

Tran wasn't here when this all happened. She didn't think it would be 6-figures. With studies, if you can replicate it and get the same results in other counties, then you know there's something to it. You can compare the statistics and see whether or not if there was an issue they need to address. There were people that were sick and you can't claim they are not sick because how do you do that? Her goal was to do as much as she can, she's curious by nature and she really wants to know if this was really something people feel or a placebo effect, which she didn't think it was. The studies she looked at were in laboratories and not in the areas where people are saying they are being affected. She wants to see studies from people who have no special interest in this matter, De Wane informed the County Board office had those on file.

It was Brusky's recollection that before she was on the County Board there was a study by scientists and two were affected and the recommendation from the state was that further research should be done and it was dropped by the state and no one bothered to do it. She felt it was beneficial to do it. They were looking for an actual study of blindfolded subjects to find out distance and what symptoms and if they had any. She felt there was some benefits and would be interested if the Health Board would explore it. Tran informed there were federal grants out there but she had to look at the guidelines.

Van Dyck stated this had been brought up on numerous occasions. To speak to the study, the state had \$500,000 in the budget a few years back that had been pulled back. They were talk hundreds of thousands, a million dollars to do a study. The question was, what's the end game of the study? He understood the health concerns and shared those as well. If the study was not done properly and the facts aren't there, or if the end game was to shut them down, they will spend millions of dollars in legal fees to get to the end result. What was the objective and that's the big questions that's hung over this debate for a long time. He just ask what were they trying to accomplish. He looked at it from a fiscal standpoint and if it was a million dollar study and another \$2-3 million dollar lawsuit to shut them down, the county was better off going up and buying anyone affected and being done with it. Then the health effects are irrelevant in regard to the constituents. He felt they had to look at the bigger picture and there's been an awful lot that had been done with this and he didn't think our own department was equipped to do the kind of study they would have to do to get the information that they really need to do something with. Tran informed she had another communication that was going to Executive Committee which had to do with the follow-up after the study. Most agreed that green energy was a good thing for everyone but they had to be responsible as to where they put the turbines so they weren't hurting people they were trying to help.

Evans supported this because it was a good idea to continue to move forward. He did believe wind turbines caused issues and spoke to a case with a girl he knew of. Until the Health Director says it's a human health hazard, nothing happens and he didn't think she'd do that, the previous one didn't. The pressure from the County Executive, who didn't want to do that, due to the fear from the fiscal standpoint of getting into a lawsuit. The health and safety of the people was paramount and they were letting them down. He felt nothing will be done for a while as far as nationally, he further explained. He felt it was important to move forward, do another study and suggested sending it to

the Board of Health. He believed in that wind turbines do cause health issues and saw people affected by it and he felt it himself.

Motion made by Supervisor Evans, seconded by Supervisor De Wane to open the floor to allow interested parties to speak. Vote taken. MOTION CARRIED UNANIMOUSLY

William Acker – Acker and Associates, 3217 Nicolet Dr.

Acker informed he had been working on this issue for 13-years. He believed that people were experiencing nausea, vibrating headaches, ear pressure, ear pain, blurred vision, all these types of things are being experienced throughout the US at all locations. Acker and Dr. Tibbets were pretty heavily involved in a study that involved eye pressure and analyzing eye pressure when exposed to wind turbines. They got close to getting some results but their person decided he didn't want to be tested anymore for the fear of going blind. There were huge problems with respect to any type of testing and that involves having the utility or developer that owned the wind turbines to provide performance data while doing evaluations so they can be sure they weren't purposely tweaking the turbines so there's no ill effects when they're doing their testing. That's only been done in one case in the whole world. Governor Walker had a fund to do testing and that was later removed. He felt they needed a really good medical study to help support these things. The biggest problem was there was little to no desire to do them. Most medical doctors and so forth are extremely hesitant to get involved for fear that they will be looked at anti renewable energy. He explained his grave concerns with having a university involved. He supports what Tran is proposing but it's not easy to do, it's very expensive to do to get the right medical team of people together to monitor the body and equate it to the wind turbine performance. This was needed and there has been excellent studies done.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to return to regular order of business. Vote taken. MOTION CARRIED UNANIMOUSLY

Motion made by Supervisor Evans, seconded by Supervisor Brusky to send to the Board of Health. Vote taken. Nay: Linssen. MOTION CARRIED

Wind Turbine Update

6. Receive new information – Standing Item.

Motion made by Supervisor Evans, seconded by Supervisor De Wane to receive and place on file. Vote taken. MOTION CARRIED UNANIMOUSLY

Veteran Services

7. 2019 – 2020 Carryover Funds.

County Veteran Service Officer Joe Aulik informed it was a little unique this year, there was \$7,000 carryover from a donation they received last year from the Friending Veterans Lives Group in Green Bay. He also collaborated with them to put 531 gift baskets together for veterans and assisted living nursing homes with all their marketing information listing the 27 core benefits.

They will be posting veteran benefits on 3-billboards in the area for 3-months to be proactive. Aulik informed statistics tell them that well over 50% of veterans are unaware of their benefits. After they see what kind of responses they get, they will run another 3 months.

Motion made by Supervisor De Wane, seconded by Supervisor Linssen to approve. Vote taken. MOTION CARRIED UNANIMOUSLY

Back to Item 2 at this time.

Health & Human Services Department

8. 2019 – 2020 Carryover Funds – Community Services and Public Health.

Motion made by Supervisor De Wane, seconded by Supervisor Evans to approve. Vote taken.
MOTION CARRIED UNANIMOUSLY

9. Executive Director's Report.

Motion made by Supervisor Evans, seconded by Supervisor De Wane to receive and place on file. Vote taken. **MOTION CARRIED UNANIMOUSLY**

10. Financial Report for Community Treatment Center and Community Services.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to receive and place on file. Vote taken. **MOTION CARRIED UNANIMOUSLY**

11. Statistical Reports.

a) Monthly CTC Data.

- i. Bay Haven Crisis Diversion.
- ii. Nicolet Psychiatric Center.
- iii. Bayshore Village (Nursing Home).
- iv. CTC Double Shifts.

Motion made by Supervisor Linssen, seconded by Supervisor De Wane to take Items 11a-11c together.. Vote taken. **MOTION CARRIED UNANIMOUSLY**

- b) Child Protection – Child Abuse/Neglect Report.
- c) Monthly Contract Update.

Motion made by Supervisor Linssen, seconded by Supervisor Evans to receive and place on file Items 11a-c. Vote taken. **MOTION CARRIED UNANIMOUSLY**

12. Request for New Non-Contracted and Contract Providers.

Motion made by Supervisor Evans, seconded by Supervisor Brusky to approve. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Other

13. Audit of bills.

Motion made by Supervisor De Wane, seconded by Supervisor Brusky to acknowledge receipt of the bills. Vote taken. **MOTION CARRIED UNANIMOUSLY**

14. Such other Matters as Authorized by Law.

Linssen thanked the committee, this was his last meeting as he will be out of the state next month. It was a pleasure and he thanked the committee for allowing him to serve.

ADRC thanked Supervisors Brusky, Hoyer, Tran, Sieber, Borchardt and Streckenbach for helping with their big event. They were able to raise about \$30,000 and haven't been notified for their Packer enhanced dollars yet. They need to upgrade to commercial equipment and can't use government dollars.

15. Adjourn.

Motion made by Supervisor Linssen, seconded by Supervisor Brusky to adjourn at 7:24 pm. Vote taken. **MOTION CARRIED UNANIMOUSLY**

Respectfully submitted,
Alicia A. Loehlein, Administrative Coordinator

PROCEEDINGS OF THE AGING & DISABILITY RESOURCE CENTER OF BROWN COUNTY
NOMINATING & HUMAN RESOURCES MEETING

November 14, 2019

PRESENT: Bev Bartlett, Mary Derginer, Mary Johnson, Randy Johnson, Tom Smith, Debi Lundberg, Dennis Rader, Megan Borchardt

ABSENT:

EXCUSED:

ALSO PRESENT: Devon Christianson, Kristin Willems, Christel Giesen, Laurie Ropson

The meeting was called to order by Chairperson Johnson at 8:30 a.m.

PLEDGE OF ALLEGIANCE

ADOPTION OF AGENDA:

Chairperson Johnson asked to modify the agenda to move agenda item 6 to 3.

Ms. Derginer/Ms. Johnson moved to approve and adopt the amended agenda. **MOTION CARRIED.**

APPROVAL OF THE MINUTES OF June 27, 2019:

Ms. Bartlett/Ms. Derginer moved to approve the minutes of the June 27, 2019 Nominations and Human Resource Committee meeting. **MOTION CARRIED.**

ENTER INTO CLOSED SESSION: Pursuant to 19.85 (1) of Wisconsin Statutes a closed session was held considering employment, promotion, compensation or performance evaluation data of a public employee over which the governmental body has jurisdiction or exercises responsibility.

Supervisor Borchardt/Mr. Rader made a motion to move into closed session at 8:31 a.m.

RETURN TO OPEN SESSION: Pursuant to 19.85 (1) of Wisconsin Statutes a closed session was held considering employment, promotion, compensation or performance evaluation data of a public employee over which the governmental body has jurisdiction or exercises responsibility.

Mr. Smith/Ms. Lundberg moved to return to open session at 9:52 a.m. **MOTION CARRIED.**

Mr. Rader/Mr. Smith made motion to accept the Executive Director's performance evaluation as meets expectations and is eligible for the County approved cost of living wage increase of 2.07%. **MOTION CARRIED.**

Mr. Smith/Ms. Lundberg made motion to approve the Finance Coordinator Transition plan to include:

- Reclassification of the Finance Coordinator position from grade 8 to 8.5
- Adjust salary to \$79920 effective to January 1, 2019.
- Eligible for 2.07% cost of living increase in 2020.

MOTION CARRIED.

REVIEW & APPROVAL OF FINANCE COORDINATOR JOB DESCRIPTION:

Ms. Johnson/Mr. Rader moved to approve the Finance Coordinator Job Description as presented. **MOTION CARRIED.**

APPLICATIONS AND APPROVAL OF NEW ADRC BOARD MEMBERS:

A. TOM DIEDRICK:

Ms. Derginer/Mr. Smith moved to approve Tom Diedrick to ADRC Board of Directors. **MOTION CARRIED.**

B. BOB JOHNSON:

Ms. Bartlett/Ms. Lundberg moved to approve Bob Johnson to ADRC Board of Directors. **MOTION CARRIED.**

BOARD OFFICERS AND COMMITTEE APPOINTMENTS 2020:

Ms. Derginer/Mr. Smith moved to approve the 2020 Board officers and committee appointments as presented. **MOTION CARRIED.**

ATTIRE AND APPEARANCE:

Ms. Christianson referred to the current dress code/appearance policy handout and asked for input from the committee. Conversation ensued. Chairperson Johnson requested to schedule another HR & Finance Committee in January 2020 for further discussion.

ADJOURN:

Mr. Smith/Ms. Johnson moved to adjourn. The meeting adjourned at 10:17 a.m. **MOTION CARRIED.**

Respectfully submitted,

Kristin Willems
Administrative Services Coordinator

PROCEEDINGS OF THE BROWN COUNTY HUMAN SERVICES BOARD

Pursuant to Section 19.84 Wis. Stats, a regular meeting of the **Brown County Human Services Board** was held on Thursday, February 13, 2020 at Health & Human Services; Sophie Beaumont Building, Boardroom A; 111 North Jefferson Street; Green Bay, WI 54301

Present: Supervisor Tom Lund, Chair; Vice Chair Paula Laundrie; Susan Hyland; Kathryn Dykes; Laura McCoy

Excused: Craig Huxford; Supervisor Aaron Linssen; Supervisor Alex Tran

Also Present: Erik Pritzl; Executive Director
Jenny Hoffman; Community Services Administrator
Samantha Behling; Hospital & Nursing Home Administrator
Eric Johnson; Finance Manager

1. Call Meeting to Order

The meeting was called to order by Supervisor Lund at 5:15 p.m.

2. Approve / Modify Agenda

HYLAND / LAUNDRIE moved to approve the February 13, 2020 Agenda.
The motion passed without a negative vote.

3. Approve Minutes of November 14, 2019 Human Services Board Meeting

LAUNDRIE / HYLAND moved to approve the minutes dated November 14, 2019.
The motion passed without a negative vote.

4. Welcome new Human Services Board Member, Kathryn Dykes

Ms. Dykes was introduced and gave a brief summary of her background. She is a Registered Nurse and a Geriatric Nurse Practitioner at Prevea and does nursing home rounds for the clinic. Ms. Dykes has been involved within the community by volunteering at the Sexual Assault Center, Crisis Center, Literacy Council, serves on the board of CASA Alba Melanie, and Green Bay Correctional. County Board Supervisor Joan Brusky suggested she apply to be a member on this Board.

5. Executive Director's Report

- a. January
- b. February

Executive Director Erik Pritzl distributed copies of his February report and highlighted the following:

Secured Residential Care Center for Children and Youth (SRCCCY)

The Joint Committee on Finance increased the amount given to counties by moving some bonding money around, and fully fund the proposals for Racine, Dane, and Brown; and partially fund Milwaukee. They also did not fund the State facilities that would replace Lincoln Hills and Copper Lake. The next step is it goes to the Building Commission, and February's agenda has already been set, it would need to be revised, or it might have to wait until March or April.

Still need to look at the contract between Brown County and the State; we did not go further than our initial planning because we were waiting until the State committed funding. Design and site work still needs to be completed along with County Board approval and community outreach. Sites that have been looked at include County property near Brown County Jail and Community Treatment Center. We want the area to be least visible and disruptive to anyone around there.

Crisis Assessment Center

Bids for the addition to the CTC have been received, and were reviewed today; the project has been bundled with the Medical Examiner and jail expansion. All are within budget and will go to the Human Service Committee to approve at the February 26 meeting. All of the projects would be slated to be completed by December 2020.

HHS Staff

We are adding positions, recruiting — we are going through the process as staff move into supervisory or lead positions through promotions. There has been lots of movement and coordination of office space. We are trying to find solutions that include remote work, since we are at capacity.

Family Recovery Court

One of our new 2020 Social Worker positions in Child Protection Services (CPS) is slated to work with Family Recovery Court and Judge Walsh. Milwaukee came and talked to us about their model, and now we are trying to figure out our model in Brown County. We identified approximately 30 families that could benefit from this type of Court. Currently we are looking at phases and policy and procedure now. These are families that we are already serving through all the other courts. The judge who hears them for the recovery treatment court piece would work with them on the Child in Need of Protective Services (CHIPS) petition process. This would take less time by taking everything at once with one judge.

Greater Green Bay Community Foundation

This organization is starting to show movement and interest in facilitating discussion about housing and homelessness. They are bringing in a consultant to help facilitate community discussion and planning process around this topic. They want to get key partners working in the same direction with shared vision. It is very exciting to see a foundation being laid in this area with resources.

McCOY / LAUNDRIE moved to receive and place on file the Executive Director's Reports for January and February 2020. Motion carried without a negative vote.

6. **CTC Administrator Report including NPC Monthly Report**
 - a. January
 - b. February

Samantha Behling, Hospital & Nursing Home Administrator, highlighted items from her report.

Hospital Re-Certification Survey

The CTC had a routine, but unannounced, re-certification survey for the psychiatric hospital. The surveyors come every 3 years unannounced and it includes both Federal and State surveyors who look at our processes, as well as environmental surveyors to ensure we are working within certain codes and fire safety. They stayed for 3 days; with 9 surveyors over the course of the survey. We were informed of some things we should anticipate receiving citations on, but we have not received the statements of deficiencies yet.

The survey went better than in the past. The surveyors reinforced that it their jobs to point out the negatives, they don't speak to the positives – some of things we are anticipating to correct are things like painting and patching walls; signing and dating physician orders. Lots of the items are readily fixable; a couple are more complicated things we need to improve on including psychiatric plans and groups and programming. We know we are not the only psychiatric hospital that received these deficiencies as we collaborate with other counties. There are not a lot of tools to guide us on what surveyors want to see, but once we receive the statements of deficiencies, we will collectively plan to build programs and revise treatment modalities.

Grievances/Concerns

One grievance received that was substantiated, and we worked internally to correct.

Crisis Center Addition Planning and Medical Clearance

CTC is tasked with the medical clearance piece. We are looking at what the staffing would need to be for that; we have a tool and procedure in place and hope to pilot it in the coming months before the building is completed. It would involve the Crisis Center and Law Enforcement through the course of the pilot. The tools are designed by a Psychiatric Association, so they are already in place in other locations.

Other Business

We are still in the recruiting and hiring process for the Director of Nursing for the Nursing Home. We are focusing on retention and recruitment for the Food Service unit as they have been struggling with staffing and retention. We are also looking at the area of nursing hoping to shift funds away from agencies and overtime to incentivize people to pick up difficult shifts like evenings and weekends. We are trying to be creative with the funds we are spending with agencies to get it back to Brown County employees.

HYLAND / DYKES moved to receive and place on file the CTC Administrator's Reports for January and February 2020. Motion carried without a negative vote.

7. Re-appointment of Stacy Luedeman to the Psychiatric/Medical Staff Committee

Erik Pritzl presented the binder to the Board. All of the included documents, insurance, training, certifications, etc. have been reviewed by medical staff and approved. Approval by this Board is the final step in the process.

LAUNDRIE / HYLAND moved to re-appoint Stacy Luedeman to the Psychiatric/Medical Staff Committee. Motion carried without a negative vote.

8. Approval of Drug Formulary for Community Treatment Center

Samantha Behling shared that the Drug Formulary is put together by our pharmacy at CTC and reviewed by our psychiatric and medical teams. We need the governing Board's (Human Services Board) approval per our processes. These would be the preferred drugs to be used on the hospital. They try to use the generic formula; and we work with insurances for coverage.

LAUNDRIE / DYKES moved to approve the Drug Formulary for Community Treatment Center. Motion carried without a negative vote.

9. Financial Report for Community Treatment Center and Community Services

- a. January
- b. February

Finance Manager Eric Johnson distributed copies of his February report and highlighted the following:

We are still in the process of closing the books for 2019, and not closed for January 2020 either. The January report included the year-end projection. Community Treatment Center has done well over the course of the year with year-end projections of an overall favorable variance of approximately \$600-700,000 compared to budget. The money goes into the fund balance; we have a negative fund balance currently from previous years, but this will put a large dent into the negative balance.

Community Services had been negative throughout the year, and as of November 30, shows a negative variance of only \$400,000. However, in December we have received some very favorable WIMCR and CCS cost report settlements for 2018. The impact of those settlements is approximately \$900,000 favorable so that creates a conservative estimate that we will be about \$100,000 favorable for Community Services.

The State had \$19M to divvy up among the counties and the counties receive a percentage based on how much deficit they had. The Comprehensive Community Services (CCS) program is federally funded and counties get reimbursed at end of the year for the full cost of what they report.

From the February report — We have solid payroll numbers for January; both CTC and Community Services show favorable variance because of health and dental insurance payments because only had 1 deduction. Census for all three operations at CTC are all well above budgeted level for January.

McCOY / HYLAND moved to receive and place on file the Financial Reports for January and February 2020. Motion carried without a negative vote.

10. Statistical Reports a, b, & c

- a. Monthly CTC Data – Bay Haven Crisis Diversion/Nicolet Psychiatric Center/
Bayshore Village
 - i. December 2019
 - ii. January 2020
 - iii. February 2020
- b. Child Protection Services — Child Abuse/Neglect Report
 - i. December 2019
 - ii. January 2020
 - iii. February 2020
- c. Monthly Contract Update
 - i. January 2020
 - ii. February 2020

LAUNDRIE / HYLAND moved to receive and place on file all statistical reports under item #10. Motion passed without a negative vote.

11. Request for New Non-Contracted Provider & New Provider Contract

- a. January
- b. February

HYLAND / LAUNDRIE moved to receive and place on file the Request for New Non-Contracted Provider & New Provider Contract Reports for January and February 2020. Motion passed without a negative vote.

12. Adjourn Meeting:

HYLAND / LAUNDRIE moved to adjourn. Motion passed without a negative vote.

Chair Tom Lund adjourned the meeting at 5:47 p.m.

Next Meeting: Thursday, March 12, 2020 at 5:15 p.m.
Sophie Beaumont Building
111 N. Jefferson St; Boardroom A
Green Bay, WI 54301

Respectfully Submitted,
Catherine Foss
Office Manager

BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-2188



Erik Pritzl, Executive Director

Phone (920) 448-6000 Fax (920) 448-6166

To: Human Services Board
Human Services Committee

From: Erik Pritzl, Executive Director

Date: January 9, 2020

Re: Executive Director's Report

General Updates:

- The Criminal Justice Services program area has been very active, with just over 2,400 Public Safety Assessments completed in 2019. Safety Rates (no new criminal charges) and Appearance Rates for court hearings are both over 90%. This program area became operational in May, 2019 and when a full year of data is available more information will be provided.
- There are no updates to share on the Secure Residential Care Center for Children and Youth (SRCCCY) at the State level.
- Recruitment for many new positions is underway in Child Protective Services and Behavioral Health. This is generating some internal movement and will lead to additional recruitments to fill positions.
- Final design meetings for the Crisis Assessment Center at the CTC have wrapped up, and the next phase will be bidding on the project.

2019 Department Highlights:

Community Services

- Continued reduction in Emergency Detentions for mental health consumers. This can reduce time by other system partners such as the Courts, and Law Enforcement
- Expansion of Medication Assisted Treatment (MAT) for offenders in the jail, with the first injection starting while the person is incarcerated and then continuing with an outpatient provider.
- Successfully recruiting a clinician for the officer-clinician team with the Green Bay Police Department mental health officers. This person started in June, 2019.
- Engaged with elected representatives at the State level to advocate for increased funding in Child Welfare. This was successful, and Brown County saw an increase in the allocation of just over \$1.2M.

- Created the Criminal Justice Services program area, and transferred all Treatment Court and Criminal Justice services to this new area by July 1, 2019.
- Transitioned Child Care to a streamlined application process that is a “one touch” model of service with cross-trained Economic Support Specialists.
- Opened the Family Visitation Center in Child Protective Services. This was a community collaboration between Leadership Green Bay, Capital Credit Union, Health & Human Services, Neighbor Works, Friends of PALS, and other community members.
- Responded to flood-related needs collaboratively with Red Cross and the Public Health division to open a reception center that transitioned to a shelter at Preble High School.

Public Health

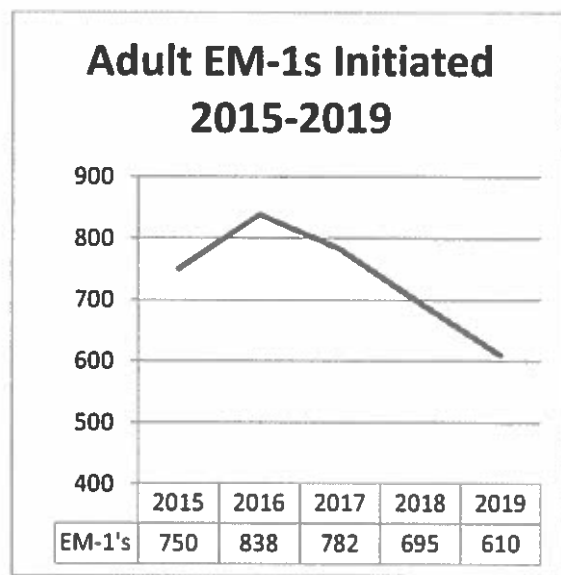
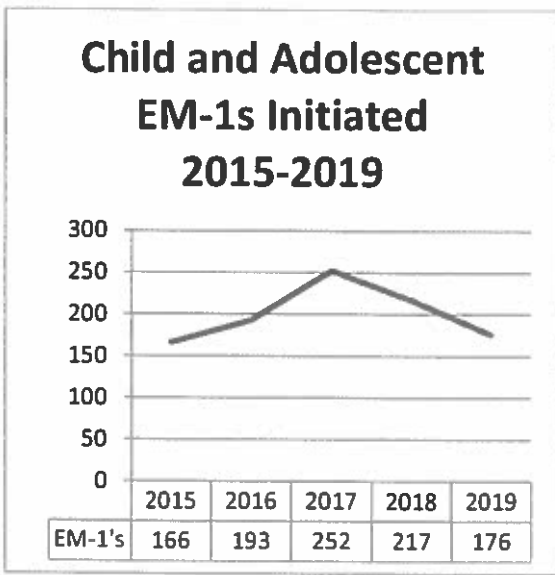
- Assessed the home visitation program and services with internal and external stakeholders to identify the model of service going forward and the role of Public Health. Initially the division was going to continue and expand services, but after further assessment it was determined that gaps could be filled by community partners.
- Completed the DHS 140 review of Public Health Services and maintained the highest level of certification—Level III.
- Relocated to the Sophie Beaumont Building at the end of February, 2019. This move had little disruption in services to the public, and went very well.

Community Treatment Center

- On track for a second positive financial closeout of the calendar year.
- Maintained high utilization of units, with Nicolet Psychiatric Center exceeding budgeted daily census, Bay Haven being close to budget (7.1 vs. 7.9), and Bayshore Nursing Home being close to budgeted census (60.4 vs. 61.3).
- Initiated the planning process for the Crisis Assessment Center addition, including medical screening services.
- Took leadership for creating standardized medical clearance guidelines for inpatient mental health facilities in Brown County.
- Completed the annual Nursing Home survey with no resident care deficiencies and in substantial compliance with regulations.

Emergency Detentions:

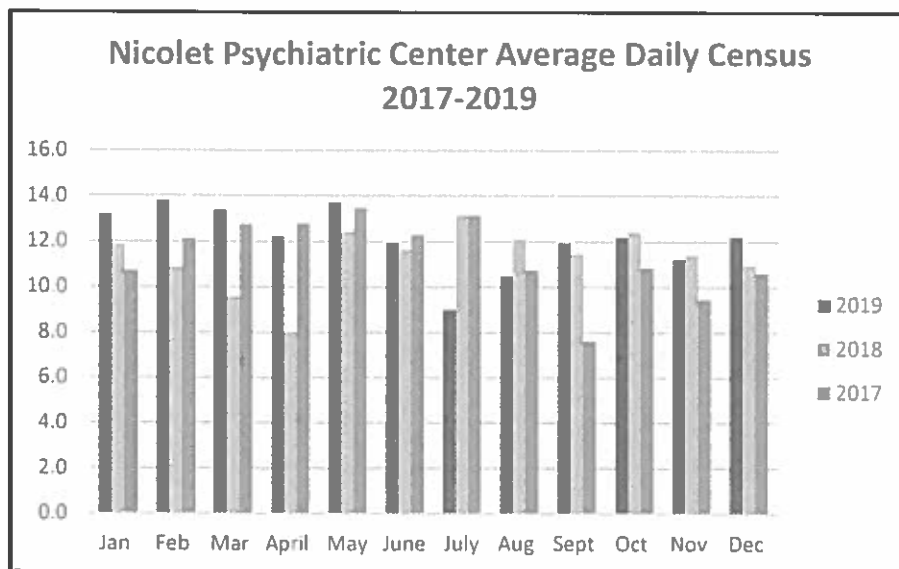
In the final numbers tracked in 2019, there was a decrease in the emergency detentions (EM-1s) initiated. The decrease in child and adolescent detentions initiated was about 19%, and the reduction in adult detentions initiated was about 12%. The charts that follow provide a five year history in this area.

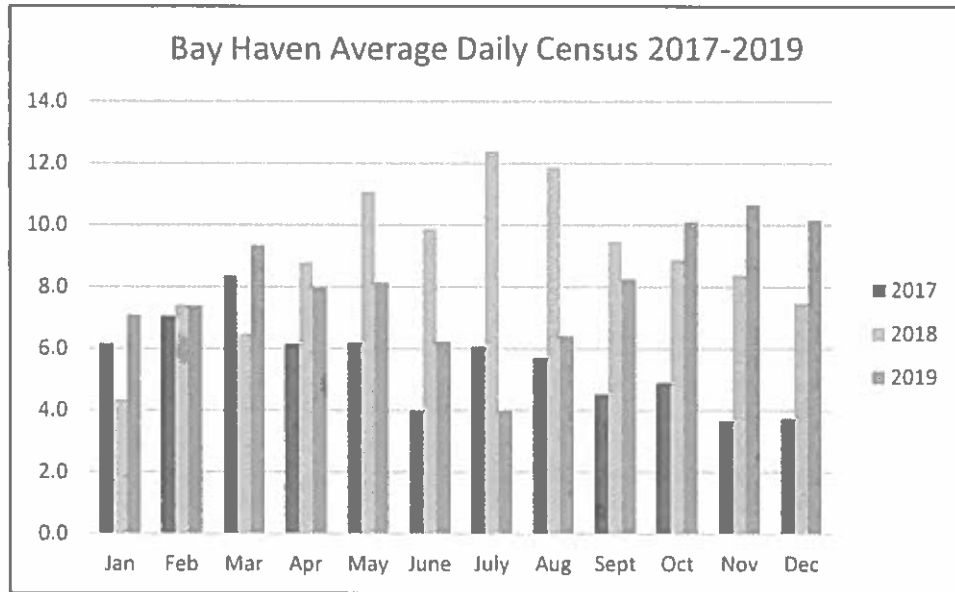


Community Treatment Center

The average daily census at our Community Treatment Center finished the year higher in 2019 than prior years. The average daily census for December was 12.2 at the Nicolet Psychiatric Center, and the average daily census at Bay Haven (CBRF) for December was 10.2. It's worth noting that voluntary admissions to the Nicolet Psychiatric Center made up 31% of the total admissions in 2019 compared to 24% in 2018.

Three years of average daily census at the Nicolet Psychiatric Center (NPC) and Bay Haven (CBRF) are presented visually in the charts below.





BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-2188



Erik Pritzl, Executive Director

Phone (920) 448-6000 Fax (920) 448-6166

To: Human Services Board
Human Services Committee

From: Erik Pritzl, Executive Director

Date: February 13, 2020

Re: Executive Director's Report

General Updates for February:

- The Joint Committee on Finance gave preliminary approval for increased bond funding for county SRCCCYs, but did not recommend funding for new State facilities to replace Lincoln Hills/Copper Lake. The next step is for the Building Commission to review the proposal related to bond funding for the facilities.
- Bids for the Crisis Assessment Center have been received and will be reviewed on February 13th. The bids were combined with other projects such as the Jail and Medical Examiner facility to reduce construction costs for all three projects.
- With the many new positions that have been approved in the 2020 budget, recruitments are under way along with resolving office space locations for the new staff. This has required using all available space, and finding additional space within the building will be a challenge. Department staff have identified workspaces for the added positions, but little additional space is available for future expansion.
- Planning is underway for a Family Recovery Court which would be a collaborative effort between Criminal Justice Services and Child Protective Services. One of the new Social Worker/Case Manager positions will be assigned to the families for the court, and the services will follow the treatment court models. In reviewing 2019 families, there are approximately 30 families that could be eligible to participate in this type of court.
- The Greater Green Bay Community Foundation, Brown County United Way, Mayor Genrich, and County Executive Streckenbach hosted two town hall panel discussions with community leaders to discuss housing and homelessness issues. The Greater Green Bay Community Foundation has indicated it will support a collective impact approach to this issue including funding a consulting group to facilitate the development of a community plan. This is in the early stages, but it is exciting to see additional community support around this issue.

BROWN COUNTY HEALTH & HUMAN SERVICES

Brown County Community Treatment Center
3150 Gershwin Drive
Green Bay, WI 54305-2188



Samantha Behling, Interim Hospital & Nursing Home Administrator

Phone (920) 391-4701 Fax (920) 391-4872

NPC Monthly Report- December 2019

Survey Readiness- Nicolet Psychiatric Center has reduced seclusion time by 118 hours in 2019 following implementation of a quality improvement initiative. New quality improvement initiatives will be decided for 2020 within the month of January. Some of the proposed initiatives include discharge coordination and readmission rates. Federal and CMS re-certification surveys are expected to occur within 2020 for the psychiatric hospital. These surveys are unannounced. Psychiatric hospitals are subject to additional regulations beyond basic hospital conditions of participation in Medicare and Medicaid.

Crisis Center Addition Planning- The Crisis Center building design has been completed. The project will then be open to bidders early January. It has not yet been determined what to name the addition. Although, there is consideration for a trauma-informed or other experience-positive title.

On-site Medical Clearance- Planning continues for on-site medical clearance procedures. A workgroup is tasked to create procedures for basic medical screening as the organization aims to reduce presentations to emergency departments and streamline inpatient psychiatric admissions procedures. The level of skill necessary to perform the assessment, i.e. staffing and qualifications, along with on-site capabilities will need to be determined. The workgroup plans to communicate with community partners, promoting feedback and acceptance. The on-site medical clearance procedures are not expected to match emergency department capabilities. However, medical stability of low and moderate risk individuals may be determined without necessitating the emergency department.

Other Business- The Community Treatment Center is conducting interviews for Director of Nursing Home, as well as, Certified Occupational Therapist. The occupational therapist position is new for 2020. The goal of this skilled position is to expand mental health services, certify compliance with regulatory requirements and reduce contracted service costs. Changes are being considered for the Food and Nutritional Services Department in relation to compensation, working hours, position schedules and/or the division of duties relating to recruitment and retention concerns.

Respectfully submitted by: Samantha Behling, Hospital and Nursing Home Administrator

lb

BROWN COUNTY HEALTH & HUMAN SERVICES

Brown County Community Treatment Center
3150 Gershwin Drive
Green Bay, WI 54305-2188



Samantha Behling, Interim Hospital & Nursing Home Administrator

Phone (920) 391-4701 Fax (920) 391-4872

NPC Monthly Report- January 2020

Hospital Re-Certification Survey- A routine, but un-announced re-certification survey was conducted on Nicolet Psychiatric Center January 27th-29th. Federal and State surveyors, along with Division of Quality Assurance building inspectors, completed an overview of our facility environment and other areas of regulatory compliance. This occurs once every three years. Formal deficiencies have not yet been issued. However, an exit survey indicated the following areas could be cited in a statement of deficiencies *(scope/severity unknown): social history documentation, treatment plans/goals, group attendance/alternatives, re-attempts at refusals (History and Physical), time/date physician orders, refrigerator temp monitoring, infection control (minor wall damage, item on floor), ligature risk (shower door hinges), documentation of skin conditions, absence of credentials within electronic documentation system (i.e. RN, MD), electrical outlet testing, time/clock on alarm panel, uneven concrete stoop and fire door rating of hospital entrance double-doors*. During the exit interview, surveyors reiterated that their focuses are on deficiencies; surveyors are not permitted to share positive feedback. Upon receipt of formal deficiencies, group efforts will occur as the hospital prepares for the Plan of Correction. This recertification experience is believed to be less critically severe than prior inspections. The anticipated citations in relation to treatment plans and group therapy are also experienced within other inpatient psychiatric hospitals. Many areas not mentioned were found to be in substantial compliance.

Grievances/Concerns- One grievance investigation occurred in January 2020 in relation to client treatment dignity and respect during a psychiatrist evaluation. The grievance was reviewed by a committee and addressed internally.

Crisis Center Addition Planning and Medical Clearance- The building project has been opened to bidders. The Human Services Committee requested additional collaboration with the bus line company; although, a bus stop remains in operation outside on the Center's campus. The Medical Clearance work-group continues planning for on-site medical screening. A draft policy and procedure has been created, as well as, consideration of a Wisconsin Psychiatric Association "SMART" Assessment form. Both have the intention of reducing use of emergency departments and assisting to implement basic medical screening. There has been discussion of trialing procedures prior to the new build.

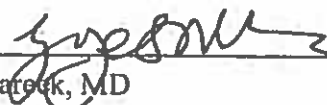
Other Business- The Brown County Community Treatment Center continues to conduct interviews for Director of Nursing- Nursing Home. The area of Food and Nutritional Services Department has been experiencing difficulty in areas of recruitment and retention. For these reasons, a resolution has been proposed for a Table of Organization Change and improved compensation while internal review processes continue to occur while assessing all options to assist with staffing shortages. The areas of part-time and on-call nursing positions are also being examined for the area of recruitment, retention and incentives as there are difficult to fill evening and weekend positions with outstanding vacancies resulting in increased overtime and agency use. New hire orientation will expand in dedicated staffing time through a new pilot program for on-boarding C.N.A.s.

Respectfully submitted by: Samantha Behling, Hospital and Nursing Home Administrator

1b

**BROWN COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT
COMMUNITY TREATMENT CENTER
PSYCHIATRIC HOSPITAL MEDICAL STAFF
DRUG FORMULARY**

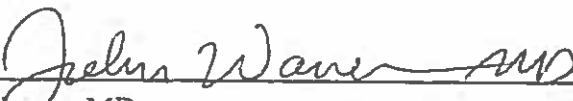
The Psychiatric/Medical Staff Committee approved the Drug Formulary prepared by HealthDirect at their January 14, 2020 meeting.



Yogesh Pareek, MD
Clinical Director

1/14/20

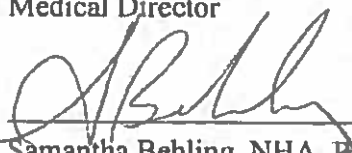
Date



John T. Warren, MD
Medical Director

1/16/20

Date



Samantha Behling, NHA, RN, BSN
Hospital and Nursing Home Administrator

1/16/20

Date



Erik Pritzl
Executive Director

1/27/2020

Date

Thomas Lund
Governing Body Chair

Date

Pursuant to Wisconsin Administrative Code DHS 124.15 (8)(b), this document sets forth a drug formulary for use in the hospital named on page 2 herein. Based on the decisions of the hospital's administrative staff and contracted pharmacists, the following Formulary Protocols are established. Each Formulary Protocol specifies the criteria an order must meet for an interchange to occur. These Formulary Protocols list both brand and generic names of target medications, however, medications will be dispensed in a generic form where available and permitted by law. This formulary shall serve as a "negative formulary"; medications not listed within this drug formulary as "non-formulary" remain available for use within the hospital and the contracted pharmacy shall deliver such medications upon request along with any named formulary medications.

Upon a change to a medication order as a result of a Formulary Protocol, HealthDirect will notify the facility's staff of the change upon dispensing the substituted medication.

Page	Non-Formulary Medication	Formulary Alternative	Agree	Disagree
3	dutasteride	finasteride		
4-5	ACE inhibitors	lisinopril		
6	ACE inhibitor/diuretic combination	lisinopril/hydrochlorothiazide		
7	ipratropium/albuterol (COMBIVENT)	ipratropium/albuterol (DUONEB)		
8	brimonidine 0.1%, 0.15%	brimonidine 0.2%		
9	carvedilol ER	carvedilol IR		
10	phenazopyridine 100mg, 200mg	phenazopyridine 95mg		
11-12	angiotensin receptor blockers (ARB)	losartan		
13-14	ARB/diuretic combination	losartan/hydrochlorothiazide		
15	mupirocin cream, retapamulin	mupirocin ointment		
16	olopatadine	ketotifen		
17	alfuzosin, silodosin	tamsulosin		
18	ibandronate, risedronate, alendronate effervescent	alendronate		
19	donepezil ER, galantamine, rivastigmine	donepezil		
20	celecoxib	meloxicam		
21	diltiazem LA	diltiazem CD		
22-23	fenofibrate, fenofibrate micronized, fenofibric acid	fenofibrate nanocrystal		
24	fluoxetine tablets	fluoxetine capsules		
25	gabapentin ER	gabapentin IR		
26-27	HMG-CoA reductase inhibitors	atorvastatin		
29	inhaled ICS/beta agonist	fluticasone/salmeterol (ADVAIR®)		
29	insulin aspart, NOVOLIN®, insulin detemir	insulin lispro, HUMULIN®, insulin glargine		
30	beclomethasone, budesonide, ciclesonide, flunisolide, fluticasone furoate, mometasone, triamcinolone nasal spray	fluticasone propionate nasal spray		
31	zafirlukast	montelukast		
32	lidocaine 5% patch	lidocaine 4% patch		
33	megestrol 625mg/5ml	megestrol 40mg/ml		
34	memantine ER	memantine IR		
35	diclofenac solution, patch	diclofenac 1% gel		
36	ondansetron film	ondansetron ODT tablet		
37	sevelamer hydrochloride	sevelamer carbonate		
38	bimatoprost, tafluprost, travoprost, unoprostone	latanoprost		
39-40	dexlansoprazole, esomeprazole, lansoprazole, rabeprazole	omeprazole		

41	albuterol (PROAIR®, PROVENTIL®, PROAIR RESPICLICK®), levalbuterol HFA	albuterol HFA (VENTOLIN HFA®)
41	levalbuterol solution	albuterol 0.083% solution
42-43	darifenacin, fesoterodine, oxybutynin transdermal/IR, solifenacin, tolterodine, trospium	oxybutynin ER
44	venlafaxine ER tablet	venlafaxine ER capsule

By signing below, I authorize HealthDirect Institutional Pharmacy Services, Inc (HealthDirect) to dispense formulary medications in accordance with the Formulary Protocols accepted by the hospital staff and contracted pharmacists as listed above. I have indicated which of these Formulary Protocols are authorized by selecting the appropriate box in the list above; Formulary Protocols which have been checked as "disagree" are not authorized for substitution.

I understand that I may discontinue any of the above Formulary Protocols by notifying both HealthDirect and the Facility in writing.

FACILITY REPRESENTATIVE

Name: _____

Date: _____

Address: _____

Phone: _____

Fax: _____

Signature: _____

FACILITY

Name: Brown County Community Treatment Center – Nicolet Psychiatric Center

Address 3150 Gershwin Dr

Green Bay, WI 54311-5859

PHARMACY

Name: HealthDirect Institutional Pharmacy Services, Inc. #122

Address 3701 E Evergreen Dr, Ste 1000

Appleton, WI 54913

5-Alpha Reductase Inhibitors

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
Dutasteride (AVODART®)	0.5mg once daily	will be changed to	Finasteride (PROSCAR®)	5mg once daily

Rationale

Finasteride is recommended over dutasteride (AVODART®) due to a similar efficacy and safety profile and the general lower price point of finasteride tablets.

Monitoring Parameters

- Efficacy
- Patient Tolerance
- PSA

References:

1. Gold Standard, Inc. Finasteride. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 4, 2019.
2. Gold Standard, Inc. Dutasteride. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 4, 2019.
3. Nickel JC. Comparison of clinical trials with finasteride and dutasteride. Rev Urol. 2004;6 Suppl 9(Suppl 9):S31–S39.

Angiotensin Converting Enzyme Inhibitor (ACE-I) / Diuretic Combination

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose		Medication	Dose & Frequency
benazepril (LOTENSIN®)	TDD* = 5mg	will be changed to	lisinopril (PRINIVIL®/ZESTRIL®)	5mg once daily
	TDD* = 10mg			10mg once daily
	TDD* = 20mg			20mg once daily
	TDD* = 40mg			40mg once daily
captopril (CAPOTEN®)	TDD* = 25 to 37.5mg	will be changed to	lisinopril (PRINIVIL®/ZESTRIL®)	5mg once daily
	TDD* = 37.5 to 50mg			10mg once daily
	TDD* = 50 to 100mg			20mg once daily
	TDD* = 100 to 200mg			40mg once daily
enalapril (VASOTEC®)	TDD* = 2.5mg	will be changed to	lisinopril (PRINIVIL®/ZESTRIL®)	2.5mg once daily
	TDD* = 5mg			5mg once daily
	TDD* = 10mg			10mg once daily
	TDD* = 20mg			20mg once daily
fosinopril (MONOPRIL®)	TDD* = 5mg	will be changed to	lisinopril (PRINIVIL®/ZESTRIL®)	5mg once daily
	TDD* = 10mg			10mg once daily
	TDD* = 20mg			20mg once daily
	TDD* = 40mg			40mg once daily
moexipril (UNIVASC®)	TDD* = 7.5mg	will be changed to	lisinopril (PRINIVIL®/ZESTRIL®)	10mg once daily
	TDD* = 15mg			20mg once daily
perindopril (ACEON®)	TDD* = 2mg	will be changed to	lisinopril (PRINIVIL®/ZESTRIL®)	5mg once daily
	TDD* = 4mg			10mg once daily
	TDD* = 8mg			20mg once daily

Non-Formulary Medication			Formulary Alternative	
Medication	Dose		Medication	Dose
quinapril (ACCUPRIL®)	TDD* = 5mg	will be changed to	lisinopril (PRINIVIL®/ZESTRIL®)	5mg once daily
	TDD* = 10mg			10mg once daily
	TDD* = 20mg			20mg once daily
	TDD* = 40mg			40mg once daily
ramipril (ALTACE®)	TDD* = 1.25mg	will be changed to	lisinopril (PRINIVIL®/ZESTRIL®)	2.5mg once daily
	TDD* = 2.5mg			5mg once daily
	TDD* = 5mg			10mg once daily
	TDD* = 10mg			20mg once daily
trandolapril (MAVIK®)	TDD* = 1mg	will be changed to	lisinopril (PRINIVIL®/ZESTRIL®)	5mg once daily
	TDD* = 2mg			10mg once daily
	TDD* = 4mg			20mg once daily

Rationale

Lisinopril offers once daily dosing, better tolerance, and a more favorable side effect profile when compared to other ACE inhibitors.

Monitoring Parameters

- Blood Pressure
- Serum Creatinine
- BUN
- Serum Potassium

References:

1. Gold Standard, Inc. Lisinopril. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 11, 2019.
2. Gold Standard, Inc. Angiotensin-Converting Enzyme (ACE) Inhibitors. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 11, 2019.
3. PL Detail-Document, ACEI, ARB, and Aliskiren Comparison. Pharmacist's letter/Prescriber's Letter. March 2013
4. PL Detail-Document, Angiotensin Converting Enzyme (ACE) Inhibitor Antihypertensive Dose Comparison. Pharmacist's letter/Prescriber's Letter. August 2009

Angiotensin Converting Enzyme Inhibitor (ACE-I) / Diuretic Combination

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose		Medication	Dose
fosinopril/HCTZ (MONOPRIL HCT®)	TDD* = 10-12.5mg	will be changed to	lisinopril/HCTZ (ZESTORETIC®)	10/12.5mg once daily
	TDD* = 20-12.5mg			20/12.5mg once daily
Moexipril/HCTZ (UNIRETIC®)	TDD* = 7.5-12.5mg	will be changed to	lisinopril/HCTZ (ZESTORETIC®)	10/12.5mg once daily
	TDD* = 15-12.5mg			20/12.5mg once daily
	TDD* = 15-25mg			20/25mg once daily
Quinapril/HCTZ (ACCURETIC®)	TDD* = 10-12.5mg	will be changed to	lisinopril/HCTZ (ZESTORETIC®)	10/12.5mg once daily
	TDD* = 20-12.5mg			20/12.5mg once daily
	TDD* = 20-25mg			20/25mg once daily

Rationale

Lisinopril offers once daily dosing, better tolerance, and a more favorable side effect profile when compared to other ACE inhibitors. Hydrochlorothiazide doses remain identical through the formulary interchange.

Monitoring Parameters

- Blood Pressure
- Serum Creatinine
- BUN
- Serum Potassium

References:

1. Gold Standard, Inc. Lisinopril. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 11, 2019.
2. Gold Standard, Inc. Angiotensin-Converting Enzyme (ACE) Inhibitors. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 11, 2019.
3. PL Detail-Document, ACEI, ARB, and Aiskiren Comparison. Pharmacist's letter/Prescriber's Letter. March 2013

Albuterol & Ipratropium Combinations

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
ipratropium/albuterol Inhaler (COMBIVENT RESPIMAT®)	any frequency	will be changed to	ipratropium/albuterol solution for inhalation (DUONEB®)	0.5-2.5mg / 3mL same frequency as original order

Rationale

Combivent Respimat® is a convenient dry powder multi-dose inhaler (MDI) containing both ipratropium and albuterol. The equivalent nebulized agent, ipratropium/albuterol solution, is available generically with a cost approximately 80% lower than the MDI version. While patient is in a skilled nursing facility and administration of nebulized product is appropriate, the generic solution is significantly less costly.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Albuterol; Ipratropium. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: April 14, 2016.

Alpha Agonists, Ophthalmic

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
brimonidine 0.1% (ALPHAGAN P®)	any dose and directions	will be changed to	brimonidine 0.2% (ALPHAGAN®)	Same directions
brimonidine 0.15% (ALPHAGAN P®)				

Rationale

All strengths of brimonidine offer similar effectiveness and safety profiles. Brimonidine 0.2% is priced less than the alternative strengths.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Brimonidine. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.

Alpha & Beta Blocker Combinations

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
carvedilol ER (COREG CR®)	10mg once daily	will be changed to	carvedilol (COREG®)	3.125mg twice daily
carvedilol ER (COREG CR®)	20mg once daily	will be changed to	carvedilol (COREG®)	6.25mg twice daily
carvedilol ER (COREG CR®)	30mg once daily	will be changed to	carvedilol (COREG®)	12.5mg twice daily
carvedilol ER (COREG CR®)	40mg once daily	will be changed to	carvedilol (COREG®)	25mg twice daily

Rationale

Carvedilol has comparable safety and efficacy to carvedilol CR (Coreg CR®) while being more cost favorable.

Monitoring Parameters

- Blood pressure
- Pulse
- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Carvedilol. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.
2. Coreg CR [package insert]. Research Triangle Park, NC: GlaxoSmithKline; 2008.
3. Gold Standard, Inc. Beta-Blockers (systemic). Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.

Analgesics, Urinary

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
phenazopyridine (PYRIDIUM®)	100mg, any frequency	will be changed to	phenazopyridine OTC	95mg, same frequency as original order
phenazopyridine (PYRIDIUM®)	200mg, any frequency	will be changed to	phenazopyridine OTC	190mg, same frequency as original order

Rationale

Phenazopyridine 100mg and 95mg tablets offer similar efficacy and safety profiles. Phenazopyridine 95mg tablets are available over-the-counter at a reduced cost when compared to the prescription-only 100mg or 200mg versions.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Phenazopyridine. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.

Angiotensin Receptor Blockers (ARB)

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
azilsartan (EDARBI®)	40mg once daily	will be changed to	losartan (COZAAR®)	50mg once daily
	80mg once daily			100mg once daily
candesartan (ATACAND®)	4mg once daily	will be changed to	losartan (COZAAR®)	25mg once daily
	8mg once daily			50mg once daily
	16mg once daily			100mg once daily
eprosartan (TEVETEN®)	400mg once daily	will be changed to	losartan (COZAAR®)	50mg once daily
	600mg once daily			100mg once daily
irbesartan (AVAPRO®)	75mg once daily	will be changed to	losartan (COZAAR®)	25mg once daily
	150mg once daily			50mg once daily
	300mg once daily			100mg once daily
olmesartan (BENICAR®)	10mg once daily	will be changed to	losartan (COZAAR®)	25mg once daily
	200mg once daily			50mg once daily
	40mg once daily			100mg once daily
telmisartan (MICARDIS®)	20mg once daily	will be changed to	losartan (COZAAR®)	25mg once daily
	40mg once daily			50mg once daily
	80mg once daily			100mg once daily
valsartan (DIOVAN®)	40mg once daily	will be changed to	losartan (COZAAR®)	25mg once daily
	80mg once daily			50mg once daily
	160mg once daily			100mg once daily

Rationale

Cost, tolerance and adverse effect profile are comparable to other angiotensin receptor blockers. Although losartan is not FDA indicated for Heart Failure, it is commonly used for such.

Monitoring Parameters

- Blood Pressure
- Serum Creatinine
- BUN
- Serum Potassium
- Serum Uric Acid
- Blood Glucose

References:

1. Gold Standard, Inc. Angiotensin Receptor Blockers (ARBs). Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
2. Angiotensin receptor blocker (ARB) antihypertensive dose comparison. Pharmacist's Letter/Prescriber's Letter 2009 (Full update February 2012);25(8) 250801

Angiotensin Receptor Blockers (ARB) / Diuretic Combinations

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
azilsartan / HCTZ (EDARBICLOR®)	40-12.5mg once daily	will be changed to	losartan / HCTZ (HYZAAR®)	50-12.5mg once daily
candesartan (ATACAND HCT®)	16-12.5mg once daily	will be changed to	losartan / HCTZ (HYZAAR®)	100-12.5mg once daily
eprosartan (TEVETEN HCT®)	600-12.5mg once daily	will be changed to	losartan / HCTZ (HYZAAR®)	100-12.5mg once daily
	600-25mg once daily			100-25mg once daily
irbesartan (AVALIDE®)	150-12.5mg once daily	will be changed to	losartan / HCTZ (HYZAAR®)	50-12.5mg once daily
	300-12.5mg once daily			100-12.5mg once daily
	300-25mg once daily			100-25mg once daily
olmesartan (BENICAR HCT®)	20-12.5mg once daily	will be changed to	losartan / HCTZ (HYZAAR®)	50-12.5mg once daily
	40-12.5mg once daily			100-12.5mg once daily
	40-25mg once daily			100-25mg once daily
telmisartan (MICARDIS HCT®)	40-12.5mg once daily	will be changed to	losartan / HCTZ (HYZAAR®)	50-12.5mg once daily
	80-12.5mg once daily			100-12.5mg once daily
	80-25mg once daily			100-25mg once daily
valsartan (DIOVAN HCT®)	80-12.5mg once daily	will be changed to	losartan / HCTZ (HYZAAR®)	50-12.5mg once daily
	160-12.5mg once daily			100-12.5mg once daily
	160-25mg once daily			100-25mg once daily

Rationale

Cost, tolerance and adverse effect profile are comparable to other angiotensin receptor blockers. Although losartan is not FDA indicated for Heart Failure, it is commonly used for such. Hydrochlorothiazide doses remain identical through the formulary interchange.

Monitoring Parameters

- Blood Pressure
- Serum Creatinine
- BUN
- Serum Potassium
- Serum Uric Acid
- Blood Glucose

References:

1. Gold Standard, Inc. Angiotensin Receptor Blockers (ARBs). Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
2. Angiotensin receptor blocker (ARB) antihypertensive dose comparison. Pharmacist's Letter/Prescriber's Letter 2009 (Full update February 2012);25(8):250801

Antibiotics, Topical

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
mupirocin 2% cream (BACTROBAN®)	any	will be changed to	mupirocin 2% ointment (BACTROBAN®)	Same directions as original order
mupirocin 2% nasal ointment (BACTROBAN NASAL®)	any			
retapamulin 1% (ALTABAX®)	any			

Rationale

Generic mupirocin ointment is significantly less expensive compared to non-formulary products with similar indications, safety and efficacy.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Mupirocin. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.

Antihistamines, Ophthalmic

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
olopatadine 0.1% (PATANOL®)	One drop into the affected eye/s twice daily	will be changed to	ketotifen 0.0025% (ZADITOR®)	One drop into the affected eye/s twice daily
olopatadine 0.2% (PATADAY®)	One drop into the affected eye/s once daily			

Rationale

Overall effectiveness and safety profile is similar between ketotifen and olopatadine products. With a lower cost, ketotifen is the preferred agent.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Olopatadine. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
2. Avunduk, Avni Murat et al. Comparison of the effects of ketotifen fumarate 0.025% and olopatadine HCl 0.1% ophthalmic solutions in seasonal allergic conjunctivitis: A 30-day, randomized, double-masked, artificial tear substitute-controlled trial. Clin Ther. 2005 Sep;27(9):1392-402.

Benign Prostatic Hyperplasia (BPH) Alpha Blockers

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
alfuzosin (UROXATROL®)	10mg once daily	will be changed to	tamsulosin (FLOMAX®)	0.4mg once daily - may titrate to 0.8mg once daily as needed
silodosin (RAPAFLO®)	4 to 8mg once daily	will be changed to	tamsulosin (FLOMAX®)	0.4mg once daily - may titrate to 0.8mg once daily as needed

Rationale

Efficacy is comparable among alpha blockers when treating BPH. Selectivity for receptor subtype Alpha-1a can reduce untoward effects such as orthostatic hypotension. Only tamsulosin and silodosin demonstrate such selectivity. Silodosin may require dose reduction if CrCl < 50ml/min and is contraindicated when CrCl < 30ml/min. Cost, unlikely need for dose titration, side effect profile and no need for dose adjustment in renal impairment suggest tamsulosin as the preferred agent.

Monitoring Parameters

- Blood pressure
- Orthostatic hypotension assessment
- Patient response

References:

1. Gold Standard, Inc. Alpha Blockers. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.
2. Manohar CMS, Nagabhushana M, Karthikeyan VS, Sanjay RP, Kamath AJ, Keshavamurthy R. Safety and efficacy of tamsulosin, alfuzosin or silodosin as monotherapy for LUTS in BPH - a double-blind randomized trial. Cent European J Urol. 2017;70(2):148-153. doi:10.5173/cej.2017.924

Bisphosphonates

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
alendronate effervescent tablet (BINOSTO®)	70mg once weekly	will be changed to	alendronate (FOSAMAX®)	70mg once weekly
ibandronate (BONIVA®)	2.5mg once daily			
	150mg once monthly			
risedronate ACTONEL®)	5mg once daily			
	35mg once weekly			
	150mg once monthly			
risedronate DR (ATELVIA®)	35mg once weekly			

Rationale

Generic alendronate tablets are recommended over other oral bisphosphonates because it performs with similar safety and efficacy and is generally priced lower.

Monitoring Parameters

- Efficacy
- Patient tolerance
- Bone density
- Serum calcium

References:

1. Gold Standard, Inc. Bisphosphonates, Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.
2. Grey A, Reid IR. Differences between the bisphosphonates for the prevention and treatment of osteoporosis. Ther Clin Risk Manag. 2006;2(1):77-86.
3. Miller PD, Epstein S, Sedarati F, Reginster JY. Once-monthly oral ibandronate compared with weekly oral alendronate in postmenopausal osteoporosis: results from the head-to-head MOTION study. Curr Med Res Opin. 2008 Jan;24(1):207-13.
4. Rosen HN. The use of bisphosphonates in postmenopausal women with osteoporosis. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed November 05, 2019.

Cholinesterase Inhibitors, Oral

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
donepezil ER (ARICEPT ER®)	23mg once daily	will be changed to	donepezil (ARICEPT®)	10mg twice daily
galantamine (RAZADYNE®)	4mg twice daily	will be changed to	donepezil (ARICEPT®)	5mg once daily
	8mg twice daily			10mg once daily
	8mg twice daily			10mg once daily
galantamine ER (RAZADYNE ER®)	8mg once daily	will be changed to	donepezil (ARICEPT®)	5mg once daily
	16mg once daily			10mg once daily
	24mg once daily			10mg once daily
rivastigmine (EXELON®)	1.5mg twice daily	will be changed to	donepezil (ARICEPT®)	5mg once daily
	3mg twice daily			5mg once daily
	4.5mg twice daily			10mg once daily
	6mg twice daily			10mg once daily

Rationale

Cholinesterase Inhibitors are at best modestly effective and often only for the first couple years of therapy. Although slight differences in receptor type affinities exist, the cholinesterase inhibitors perform interchangeably and none ultimately change outcomes. Donepezil is better tolerated (lower incidence of nausea, vomiting, diarrhea and anorexia) and offers convenient once a day dosing. Donepezil ER is once daily, however, significantly more expensive compared to two donepezil 10mg tablets. With favorable pricing, once a day dosing and less adverse events, donepezil is the preferred product.

Monitoring Parameters

- Efficacy
- Patient Tolerance

References:

1. Gold Standard, Inc. Cholinesterase Inhibitors. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.
2. Shao ZQ. Comparison of the efficacy of four cholinesterase inhibitors in combination with memantine for the treatment of Alzheimer's disease. Int J Clin Exp Med. 2015;8(2):2944–2948. Published 2015 Feb 15.

COX-2 Inhibitors

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
celecoxib (CELEBREX®)	100mg twice daily	will be changed to	meloxicam (MOBIC®)	7.5mg once daily
	200mg once daily			7.5mg once daily
	200mg twice daily			15mg once daily
	400mg once daily			15mg once daily

Exclusions from Recommendations

- Patients not receiving a proton pump inhibitor are excluded from this interchange due to the increased risk of gastrointestinal adverse effects
- Patients receiving anticoagulants are excluded from this interchange due to the increase risk of a gastrointestinal bleeding event.
- Patients receiving celecoxib prescribed by an orthopedic specialist following surgery are excluded from this interchange.

Rationale

Meloxicam has comparable efficacy to celecoxib. Although both are available generically, meloxicam has favorable pricing. Safety and side effect profile are also comparable. FDA approved indications are greater for celecoxib; however contraindications for meloxicam are significantly less. Additionally, celecoxib has been shown to inhibit CYP2D6 *in vitro*, but meloxicam does not.

Monitoring Parameters

- Efficacy
- Patient tolerance
- Renal function
- Stool guaiac

References:

1. Gold Standard, Inc. Meloxicam. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
2. Gold Standard, Inc. Celecoxib. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
3. Solomon DH. Overview of selective COX-2 inhibitors. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed November 04, 2019.

Diltiazem Extended-Release

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
diltiazem LA (CARDIZEM LA®)	120mg once daily	will be changed to	diltiazem CD (CARDIZEM CD®)	120mg once daily
	180mg once daily			180mg once daily
	240mg once daily			240mg once daily
	300mg once daily			300mg once daily
	360mg once daily			360mg once daily
diltiazem LA (MATZIM LA®)	180mg once daily	will be changed to	diltiazem CD (CARDIZEM CD®)	180mg once daily
	240mg once daily			240mg once daily
	300mg once daily			300mg once daily

Rationale

Diltiazem CD has comparable efficacy and safety to Diltiazem LA while being cost favorable.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Calcium Channel Blockers. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
2. Gold Standard, Inc. Diltiazem. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.

Fenofibrate

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
fenofibrate capsule (LIPOFEN®)	50mg once daily	will be changed to	fenofibrate nanocrystal (TRICOR®)	48mg once daily
	150mg once daily			145mg once daily
fenofibrate tablet (FENOGLIDE®)	40mg once daily	will be changed to	fenofibrate nanocrystal (TRICOR®)	48mg once daily
	120mg once daily			145mg once daily
fenofibrate tablet (TRIGLIDE®)	160mg once daily	will be changed to	fenofibrate nanocrystal (TRICOR®)	145mg once daily
fenofibrate micronized capsule (ANTARA®)	30mg once daily	will be changed to	fenofibrate nanocrystal (TRICOR®)	48mg once daily
	43mg once daily			
	90mg once daily			145mg once daily
	130mg once daily			
fenofibric acid capsule (TRILIPIX®)	45mg once daily	will be changed to	fenofibrate nanocrystal (TRICOR®)	48mg once daily
	135mg once daily			145mg once daily
fenofibric acid tablet (FIBRICOR®)	105mg once daily	will be changed to	fenofibrate nanocrystal (TRICOR®)	145mg once daily

Rationale

Fenofibrates (fibric acid derivatives) have similar efficacy for improving triglyceride and HDL cholesterol levels. Although formulations differ in bioavailability and dosage forms, safety and efficacy comparable. Fenofibrate in a nanocrystal form offers superior bioavailability to non-micronized fenofibrate.

Monitoring Parameters

- Liver function tests
- Lipid panel
- Serum triglycerides
- Serum bilirubin (total and direct)
- Creatinine phosphokinase (CK)
- CBC

References:

1. Gold Standard, Inc. Fenofibrate. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.
2. Rosenson RS. Lipid lowering with fibric acid derivatives. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed November 05, 2019.
3. Ling H, Luoma JT, Hilleman D. A Review of Currently Available Fenofibrate and Fenofibric Acid Formulations. *Cardiol Res.* 2013;4(2):47–55.

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Fluoxetine

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
fluoxetine tablet (SARAFEM®)	any doses requiring only full tablets	will be changed to	fluoxetine capsule (PROZAC®)	Same directions as original order

Rationale

Fluoxetine tablets and capsules have the same efficacy and safety and capsules may still be opened for administration. Fluoxetine capsules are available at a lower cost.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Fluoxetine. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.

Gabapentin

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
gabapentin extended release (GRALISE®)	any	will be changed to	gabapentin immediate release (NEURONTIN®)	Same total daily dose divided into three administration times
gabapentin extended release (HORIZANT®)	any			

Rationale

Gabapentin immediate and extended release formulations have similar efficacy, safety, and adverse reaction profiles. Extended release formulations must be taken with food and cannot be crushed, making medication administration more complicated.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Gabapentin. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.

HMG-CoA Reductase Inhibitors

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
fluvastatin (LESCOL®)	40mg once daily	will be changed to	atorvastatin (LIPITOR®)	5mg once daily
fluvastatin ER (LESCOL XL®)	80mg once daily	will be changed to	atorvastatin (LIPITOR®)	10mg once daily
lovastatin (MEVACOR®)	20mg once daily	will be changed to	atorvastatin (LIPITOR®)	5mg once daily
	40mg once daily			10mg once daily
	80mg once daily			20mg once daily
Lovastatin ER (ALTOPREV®)	20mg once daily	will be changed to	atorvastatin (LIPITOR®)	5mg once daily
	40mg once daily			10mg once daily
	80mg once daily			20mg once daily
pitavastatin (LIVALO®)	1mg once daily	will be changed to	atorvastatin (LIPITOR®)	5mg once daily
	2mg once daily			10mg once daily
	4mg once daily			20mg once daily
pravastatin (PRAVACHOL®)	20mg once daily	will be changed to	atorvastatin (LIPITOR®)	5mg once daily
	40mg once daily			10mg once daily
	80mg once daily			20mg once daily
rovastatin (CRESTOR®)	5mg once daily	will be changed to	atorvastatin (LIPITOR®)	10mg once daily
	10mg once daily			20mg once daily
	20mg once daily			40mg once daily
	40mg once daily			80mg once daily
simvastatin (ZOCOR®)	10mg once daily	will be changed to	atorvastatin (LIPITOR®)	5mg once daily
	20mg once daily			10mg once daily

	40mg once daily			20mg once daily
	80mg once daily			40mg once daily
simvastatin/ezetimibe (VYTORIN®)	10-10mg once daily	will be changed to	atorvastatin (LIPITOR®)	20mg once daily
	20-10mg once daily			40mg once daily
	40-10mg once daily			80mg once daily
	80-10mg once daily			80mg once daily

Rationale

Statins vary in potency, side effect profiles and significance of drug interactions. Atorvastatin and Rosuvastatin are considered the most potent at reducing LDL. Simvastatin and Lovastatin appear likelier to cause myopathies or rare but serious rhabdomyolysis. Simvastatin, Lovastatin and Atorvastatin can have increased blood levels when taken along with strong 3A4 inhibitors. With consideration to cost, efficacy, and side effect profile, atorvastatin is the preferred product..

Monitoring Parameters

- Liver function tests
- Lipid panel
- Creatine phosphokinase (CPK)

References:

1. Gold Standard, Inc. HMG CoA Reductase Inhibitors (statins). Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
2. Gold Standard, Inc. Pravastatin. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
3. Statin Dose Comparison. Pharmacist's Letter/Prescriber's Letter August 2009 (Full update April 2018);25(8):250801

Inhaled Corticosteroid/Long-Acting Beta Agonist Combinations

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
budesonide/formoterol HFA 80-4.5mcg (SYMBICORT®)	2 inhalations twice daily	will be changed to	fluticasone/salmeterol diskus 100-50mcg (ADVAIR®)	1 inhalation twice daily
budesonide/formoterol HFA 160-4.5mcg (SYMBICORT®)	2 inhalations twice daily	will be changed to	fluticasone/salmeterol diskus 250-50mcg (ADVAIR®)	1 inhalation twice daily
fluticasone/salmeterol HFA 44-21mcg (ADVAIR HFA®)	2 inhalations twice daily	will be changed to	fluticasone/salmeterol diskus 100-50mcg (ADVAIR®)	1 inhalation twice daily
fluticasone/salmeterol HFA 115-21mcg (ADVAIR HFA®)	2 inhalations twice daily	will be changed to	fluticasone/salmeterol diskus 250-50mcg (ADVAIR®)	1 inhalation twice daily
fluticasone/salmeterol HFA 230-21mcg (ADVAIR HFA®)	2 inhalations twice daily	will be changed to	fluticasone/salmeterol diskus 500-50mcg (ADVAIR®)	1 inhalation twice daily
fluticasone/vilanterol 100-25mcg (BREO ELLIPTA®)	1 inhalation once daily	will be changed to	fluticasone/salmeterol diskus 100-50mcg (ADVAIR®)	1 inhalation twice daily
fluticasone/vilanterol 200-25mcg (BREO ELLIPTA®)	1 inhalation once daily	will be changed to	fluticasone/salmeterol diskus 500-50mcg (ADVAIR®)	1 inhalation twice daily
mometasone/formoterol 100-5mcg (DULERA®)	2 inhalations twice daily	will be changed to	fluticasone/salmeterol diskus 250-50mcg (ADVAIR®)	1 inhalation twice daily
mometasone/formoterol 200-5mcg (DULERA®)	2 inhalations twice daily	will be changed to	fluticasone/salmeterol diskus 500-50mcg (ADVAIR®)	1 inhalation twice daily

Rationale

Fluticasone/salmeterol (ADVAIR®) has comparable effectiveness and safety to other once- and twice-daily inhaled corticosteroid/LABA combination medications. While does twice daily, the preferred product is available as a generic product and carries a lower cost than the alternative medications.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Clinical Resource, Inhaled Corticosteroid Dose Comparison in Asthma. Pharmacist's Letter/Prescriber's Letter. March 2019.

Insulin

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
insulin aspart (NOVOLOG®)	any	will be changed to	insulin lispro (HUMALOG®)	Same directions as original order
insulin NPH (NOVOLIN N®)	any	will be changed to	insulin NPH (HUMULIN N®)	Same directions as original order
insulin regular (NOVOLIN R®)	any	will be changed to	insulin regular (HUMULIN R®)	Same directions as original order
insulin regular/NPH (NOVOLIN 70/30®)	any	will be changed to	insulin regular/NPH (HUMULIN 70/30®)	Same directions as original order
insulin detemir (LEVEMIR®)	any	will be changed to	insulin glargine (LANTUS/BASAGLAR®)	Same directions as original order

Rationale

Insulins manufactured by Eli Lilly and Novo Nordisk offer similar safety and efficacy profiles. Insulin lispro is available as a generic making it preferred over insulin aspart. Insulin NPH, regular, and regular/NPH are available from Eli Lilly in 3ml presentations, reducing medication waste. Dispensing of a 3ml or 10ml vial will be determined by pharmacy using total daily dose calculations to optimize cost.

Insulins detemir and glargine offer similar safety and efficacy. Lantus and Basaglar are available at a generally lower price to the payor. The selection of Lantus or Basaglar will be made by pharmacy pursuant to any insurance preferences and lowest out-of-pocket cost.

Monitoring Parameters

- Blood glucose
- A1C
- Patient tolerance

References:

1. Clinical Resource, Comparison of Insulins. Pharmacist's Letter/Prescriber's Letter. November 2019.

Intranasal Corticosteroids

Formulary Recommendation

Non-Formulary Medication		Formulary Alternative	
Medication		Medication	Dose & Frequency
beclomethasone nasal spray (QNASL®)	will be changed to	fluticasone propionate (FLONASE®)	50mcg same directions as ordered product
Budesonide nasal spray (RHINOCORT®)			
ciclesonide nasal spray (ZETONNA®)			
ciclesonide nasal spray (OMNARIS®)			
flunisolide nasal spray (NASAREL®)			
fluticasone furoate nasal spray (VERAMYST®)			
mometasone furoate nasal spray (NASONEX®)			
triamcinolone acetonide nasal spray (NASACORT®)			

Rationale

Overall efficacy and safety of all nasal corticosteroids is comparable. Generic fluticasone nasal spray is generally lower cost than the alternative medications in the class.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. deShazo RD, Kemp SF. Pharmacotherapy of allergic rhinitis. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed November 04, 2019.
2. Gold Standard, Inc. Olopatadine. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
3. Gold Standard, Inc. Fluticasone. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
4. PL Detail-Document, Nasal Sprays for Allergic Rhinitis. Pharmacist's Letter/Prescriber's Letter. April 2016.

Leukotriene Receptor Antagonists

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
zafirlukast (ACCOLATE®)	10mg twice daily	will be changed to	montelukast (SINGULAIR®)	5mg once daily
	20mg twice daily			10mg once daily

Rationale

Leukotriene receptor antagonists are very well tolerated. Montelukast and zafirlukast have comparable indications. Zafirlukast is more costly and is dosed twice daily compared to once daily montelukast. Comparable efficacy, once a day dosing and favorable pricing suggest montelukast as preferred product.

Monitoring Parameters

- Efficacy
- Patient Tolerance

References:

1. Gold Standard, Inc. Montelukast. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
2. Gold Standard, Inc. Zafirlukast. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
3. Riccioni G1, Della Vecchia R, Di Ilio C, D'Orazio N. Effect of the two different leukotriene receptor antagonists, montelukast and zafirlukast, on quality of life: a 12-week randomized study. Allergy Asthma Proc. 2004 Nov-Dec;25(6):445-8.

Lidocaine Patch

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
lidocaine 5% patch (LIDODERM®)	any	will be changed to	lidocaine 4% patch (ASPERCREME WITH LIDOCAINE®)	Same directions as original order

Rationale

Lidocaine 5% and 4% patches offer similar efficacy and safety profiles. Lidocaine 4% patches are available over-the-counter at a reduced cost when compared to the prescription-only 5% version.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Lidocaine. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.

Megestrol Acetate

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
megestrol acetate 625mg/5ml (MEGACE ES®)	any	will be changed to	Megestrol acetate 40mg/mL (MEGACE®)	Same directions (on milligram basis) as original order

Rationale

Megestrol and Megestrol ES are bioequivalent, however the more concentrated version carries a significantly higher cost per milligram.

Monitoring Parameters

- Patient tolerance

References:

1. Gold Standard, Inc. Megestrol. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.
2. Megestrol acetate: Drug information. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed November 05, 2019.

NMDA Antagonists

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
memantine ER (NAMENDA XR®)	7mg once daily	will be changed to	memantine (NAMENDA®)	5mg twice daily
	14mg once daily			5mg AM, 10mg PM
	21mg once daily			10mg twice daily
	28mg once daily			10mg twice daily

Rationale

Although once a day Namenda XR® is convenient, twice a day generic Namenda® presents such a significant savings that twice a day dosing with generic recommended. For optimal results it is recommended to increase dose up to target dose of 10mg twice daily as tolerated. One week or longer intervals are recommended between dose increases.

Monitoring Parameters

- Patient Tolerance
- Neurologic function
- Serum creatinine
- Weight
- Behaviors

References:

1. Gold Standard, Inc. Memantine. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.

1b

Non-Steroidal Anti-Inflammatories, topical

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
diclofenac 1.5% topical solution (PENNSAID®)	any	will be changed to	diclofenac 1% topical gel (VOLTAREN®)	2g to small joints, 4g to large joints at same frequency up to four times daily – max 32 grams daily
diclofenac 2% topical solution (PENNSAID®)	any	will be changed to	diclofenac 1% topical gel (VOLTAREN®)	2g to small joints, 4g to large joints at same frequency up to four times daily – max 32 grams daily
diclofenac 1.3% topical patch (FLECTOR®)	any	will be changed to	diclofenac 1% topical gel (VOLTAREN®)	2g to small joints, 4g to large joints four times daily – max 32 grams daily

Rationale

All topical diclofenac presentations carry similar indications, efficacy, and side effect profiles. Diclofenac 1% gel is available generically and at a lower cost than other alternatives

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Diclofenac. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.

Ondansetron

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
ondansetron film (ZUPLENZ®)	any	will be changed to	ondansetron ODT tablet (ZOFRAN ODT®)	Same directions as original order

Rationale

Ondansetron film and tablets offer similar safety and efficacy while ondansetron tablets are available at a lower cost to the payor. There is no significant cost difference between regular tablets and ODT tablets, therefore regular ondansetron tablets are not included in this interchange.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Dadey E. Bioequivalence of ondansetron oral soluble film 8 mg (ZUPLENZ) and ondansetron orally disintegrating tablets 8 mg (ZOFRAN) in healthy adults. Am J Ther. 2015 Mar-Apr;22(2):90-7.

Phosphate Binders

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
sevelamer hydrochloride (RENAGEL®)	any	will be changed to	sevelamer carbonate (RENVELA®)	Same directions as original order

Rationale

Sevelamer carbonate has similar effectiveness and safety as sevelamer hydrochloride while also minimizing risk of reduced serum bicarbonate concentrations. Sevelamer carbonate is also generally lower priced than the hydrochloride form.

Monitoring Parameters

- Serum bicarbonate
- Efficacy
- Patient tolerance

References:

1. Pai AB, Shepler BM. Comparison of sevelamer hydrochloride and sevelamer carbonate: risk of metabolic acidosis and clinical implications. *Pharmacotherapy*. 2009 May;29(5):554-61.

1b

Prostaglandins, Ophthalmic

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
bimatoprost 0.01% (LUMIGAN®)	One drop into the affected eye/s once daily	will be changed to	latanoprost 0.005% (XALATAN®)	One drop into the affected eye/s once daily
tafluprost 0.0015% (ZIOPTAN®)	One drop into the affected eye/s once daily			
travoprost 0.004% (TRAVATAN®)	One drop into the affected eye/s once daily			
travoprost 0.004%, PF (TRAVATAN Z®)	One drop into the affected eye/s once daily			
unoprostone 0.15% (RECLUSA®)	One drop into the affected eye/s twice daily			

Rationale

Latanoprost is recommended over alternative prostaglandins due to comparable effectiveness and safety while offering cost savings.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Tafluprost. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
2. Gold Standard, Inc. Travoprost. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
3. Gold Standard, Inc. Latanoprost. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
4. Gold Standard, Inc. Bimatoprost. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
5. Parrish RK, Palmer P, Sheu WP, et al. A comparison of latanoprost, bimatoprost, and travoprost in patients with elevated intraocular pressure: a 12-week, randomized, masked evaluator multicenter study. Am J Ophthalmol 2003; 135:688-703.
6. Sponkel WE1, Paris G, Trigo Y, Pena M. Comparative effects of latanoprost (Xalatan) and unoprostone (Rescula) in patients with open-angle glaucoma and suspected glaucoma. Am J Ophthalmol. 2002 Oct;134(4):552-9.

Proton Pump Inhibitors (PPI)

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
dexlansoprazole (DEXILANT®)	30mg once daily	will be changed to	omeprazole (PRILOSEC®)	20mg once daily
	60mg once daily			
esomeprazole (NEXIUM®)	20mg once daily	will be changed to	omeprazole (PRILOSEC®)	20mg once daily
	40mg once daily			
lansoprazole (PREVACID®)	15mg once daily	will be changed to	omeprazole (PRILOSEC®)	20mg once daily
	30mg once daily			
omeprazole (PRILOSEC®)	40mg once daily	will be changed to	omeprazole (PRILOSEC®)	20mg once daily
rabeprazole (ACIPHEX®)	20mg once daily	will be changed to	omeprazole (PRILOSEC®)	20mg once daily

Exclusions from Recommendations

- Patients on concomitant clopidogrel therapy are excluded from this interchange due to a documented drug interaction between clopidogrel and omeprazole.
- Patients receiving pantoprazole will not be subject to therapeutic interchange; pantoprazole is available at similar cost with similar efficacy.

Rationale

Omeprazole is the most studied of the PPIs and in addition to favorable pricing, it also has comparable safety and efficacy compared to the other PPIs. Literature suggests safety concerns with long term use of PPIs, specifically B12 deficiency, hypomagnesemia, and increased risk for fractures, pneumonia and enteric infections. Overall need for omeprazole 40mg compared to omeprazole 20mg suggests initiating or reattempting omeprazole 20mg dose. Approximately two-thirds of PPIs are used inappropriately or longer than necessary, and chronic use (>8weeks) is not recommended.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Proton Pump Inhibitors (PPIs). Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 04, 2019.
2. American Geriatrics Society 2015 Beers Criteria Update Expert Panel. American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. J Am Geriatr Soc; 63(11).
3. Proton Pump Inhibitors: Appropriate Use and Safety Concerns. Pharmacist's Letter 2015; 31(9):310907.
4. Strand DS, Kim D, Peura DA. 25 Years of Proton Pump Inhibitors: A Comprehensive Review. Gut Liver. 2017;11(1):27-37.

Short-Acting Beta Agonists

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
albuterol HFA 90mcg (PROAIR®)	any	will be changed to	albuterol HFA 90mcg (VENTOLIN HFA®)	Same directions as original order
albuterol respiclick 90mcg (PROAIR RESPICLICK®)	any			
albuterol HFA 90mcg (PROVENTIL HFA®)	any			
levalbuterol HFA 45mcg (XOPENEX HFA®)	any			
levalbuterol solution (XOPENEX®)	0.31mg/3mL	will be changed to	albuterol 2.5mg/3mL (VENTOLIN®)	Same directions as original order
	0.63mg/3mL			
	1.25mg/3mL			

Rationale

Albuterol and levalbuterol inhalers all show comparable effectiveness and safety, with the Ventolin HFA equivalent generally exhibiting the lowest cost. In patients with COPD, albuterol and levalbuterol nebulizer solution provides similar effectiveness and safety across doses, however, albuterol solution is lower cost.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Gold Standard, Inc. Albuterol. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.
2. Gold Standard, Inc. Levalbuterol. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.
3. Lemanske RF Jr. Beta agonists in asthma: Acute administration and prophylactic use. In: UpToDate, Post TW (Ed). UpToDate, Waltham, MA. Accessed November 05, 2019.

Urinary Incontinence Agents (Antimuscarinics)

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
darifenacin (ENABLEX®)	7.5mg once daily	will be changed to	oxybutynin ER (DITROPAN XL®)	5mg once daily
	15mg once daily			10mg once daily
fesoterodine (TOVIAZ®)	4mg once daily	will be changed to	oxybutynin ER (DITROPAN XL®)	5mg once daily
	8mg once daily			10mg once daily
oxybutynin transdermal gel (GELNIQUE®)	1 gram once daily	will be changed to	oxybutynin ER (DITROPAN XL®)	5mg once daily
oxybutynin transdermal patch (OXYTROL®)	3.9mg/hr	will be changed to	oxybutynin ER (DITROPAN XL®)	5mg once daily
oxybutynin IR (DITROPAN®)	≤ 15mg TDD*	will be changed to	oxybutynin ER (DITROPAN XL®)	5mg once daily
	>15mg TDD*			10mg once daily
solifenacin (VESICARE®)	5mg once daily	will be changed to	oxybutynin ER (DITROPAN XL®)	5mg once daily
	10mg once daily			10mg once daily
tolterodine (DETROL®)	1mg twice daily	will be changed to	oxybutynin ER (DITROPAN XL®)	5mg once daily
	2mg twice daily			10mg once daily
tolterodine ER (DETROL LA®)	2mg once daily	will be changed to	oxybutynin ER (DITROPAN XL®)	5mg once daily
	4mg once daily			10mg once daily
trospium (SANCTURA®)	20mg once daily	will be changed to	oxybutynin ER (DITROPAN XL®)	5mg once daily
	20mg twice daily			10mg once daily
trospium ER (SANCTURA XR®)	60mg once daily	will be changed to	oxybutynin ER (DITROPAN XL®)	10mg once daily

Exclusions from Recommendations

- Patients requiring medications to be crushed are excluded from this interchange.

Rationale

Extended Release oxybutynin provides more consistent drug levels and therefore, potentially less acute anticholinergic side effects such as dizziness and confusion. Overall efficacy is comparable among this drug class.

Monitoring Parameters

- Efficacy
- Patient tolerance

References:

1. Lukacz ES. Treatment of urinary incontinence in women. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. Accessed November 05, 2019.
2. Gold Standard, Inc. Oxybutynin. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.
3. National Guideline Clearinghouse (NGC). Guideline summary: American Geriatrics Society updated Beers Criteria for potentially inappropriate medication use in older adults. In: National Guideline Clearinghouse (NGC) [Web site]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ). Available: <http://www.guideline.gov>. Accessed: November 05, 2019.
4. Hesck K. Agents for treatment of overactive bladder: a therapeutic class review. Proc (Bayl Univ Med Cent). 2007;20(3):307-14.

Venlafaxine Extended-Release

Formulary Recommendation

Non-Formulary Medication			Formulary Alternative	
Medication	Dose & Frequency		Medication	Dose & Frequency
venlafaxine ER tablet	37.5mg once daily	will be changed to	venlafaxine ER capsule (EFFEXOR XR®)	37.5mg once daily
	75mg once daily			75mg once daily
	150mg once daily			150mg once daily
	225mg once daily			150mg once daily + 75mg once daily

Rationale

Venlafaxine extended-release capsules and tablets are considered equivalent on a milligram basis but are not AB rated. Venlafaxine extended release capsules are priced significantly lower when compared to extended release tablets.

Monitoring Parameters

- Liver function tests
- Lipid panel
- Serum triglycerides
- Serum bilirubin (total and direct)
- Creatinine phosphokinase (CK)
- CBC

References:

1. Gold Standard, Inc. Venlafaxine. Clinical Pharmacology [database online]. Available at: <http://www.clinicalpharmacology.com>. Accessed: November 05, 2019.

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Erik Pritzl, Executive Director

To: Human Services Board and Human Services Committee

Date: January 9, 2020

Subject: 11/30/19 YTD Financial Results and Year End Projection for CTC and Community Services

Community Treatment Center

The Community Treatment Center through 11/30/19 shows total revenues at 100.3% of the annual budget and expenses at 93.3% compared to a benchmark of 91.7% year-to-date for 11 of 12 months. This has created a considerable favorable budget variance which is anticipated to continue through December. Included at the bottom of the attached CTC 11/30/19 summary income statement is a projection of 2019 annual results which shows an estimated year-end result of \$140,885 excess revenue over expense. Because of the CTC budgeted deficit amount of \$536,450 which represents primarily non-cash depreciation expense, this projected result would create an annual favorable budget variance of \$677,335.

Higher hospital census for NPC and the unanticipated prior year Nursing Home supplemental funding payment of \$514,992 received in 2019 are the two largest factors contributing to this projected favorable budget variance.

Community Services

Financial results through November for Community Services include revenues at 90.5% of the annual budget or 1.2% below the benchmark of 91.7% for 11 months. Expenses are at 91.3% or 0.4% under the benchmark. This results in an 11/30 YTD deficit of \$439,025. However, this deficit will be offset by significantly favorable WIMCR and CCS 2018 cost report settlements received from the state in December. As shown in the 2019 year-end projection included at the bottom of the attached 11/30/19 summary income statement for Community Services, this favorable cost settlement impact is \$941,237. Including this favorable impact, the projected 2019 year-end financial result is \$167,300 excess revenue over expense.

The unfavorable YTD revenue variance noted above is due primarily to the 2018 prior year CLTS and CCOP adjustment of \$336,498 recorded in June. The Shelter Care capital outlay project for bathroom renovations is partially complete at year-end with approximately half of the \$153,000 project completed as of 12/31/19, so a budget carryover request is needed for completion of the project in early 2020.

In November a significant budget adjustment was recorded in the amount of \$1,932,416 which increased purchased services from providers for expanded CLTS services in 2019 and revenue provided by the state to pay for these services based on the ongoing DHS initiative to eliminate the waiting list state-wide for children in need of these services.

Respectfully Submitted,

Eric Johnson
Finance Manager

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Community Treatment Center

Through 11/30/19
Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund 630 - Community Treatment Center								
REVENUE								
Property taxes	3,200,420.00	.00	3,200,420.00	266,701.67	2,933,718.37	266,701.63	91.7%	2,932,609.13
Intergov Revenue	4,194,042.00	.00	4,194,042.00	393,963.32	4,578,190.80	(384,148.80)	109.2%	4,311,208.29
Public Charges	4,004,411.00	1,501.00	4,005,912.00	410,487.34	4,191,732.43	(185,820.43)	104.6%	4,231,542.19
Miscellaneous Revenue	1,554,137.00	.00	1,554,137.00	114,167.43	1,295,275.79	258,861.21	83.3%	1,374,611.38
Other Financing Sources	.00	155,693.00	155,693.00	.00	155,693.00	.00	100.0%	58,565.00
REVENUE TOTALS	\$12,953,010.00	\$157,194.00	\$13,110,204.00	\$1,185,319.76	\$13,154,610.39	(\$44,406.39)	100.3%	\$12,908,535.99
EXPENSE								
Personnel Costs	9,134,103.00	120,194.00	9,254,297.00	850,567.36	8,565,386.18	688,910.82	92.6%	8,767,364.00
Operating Expenses	4,305,357.00	87,000.00	4,392,357.00	406,930.18	4,170,533.88	144,602.25	94.9%	3,894,621.49
Outlay	87,000.00	(87,000.00)	.00	.00	836.32	(836.32)	+++	1,305.58
EXPENSE TOTALS	\$13,526,460.00	\$120,194.00	\$13,646,654.00	\$1,257,497.54	\$12,736,756.38	\$832,676.75	93.3%	\$12,663,291.07
Fund 630 - Community Treatment Center Totals								
REVENUE TOTALS	12,953,010.00	157,194.00	13,110,204.00	1,185,319.76	13,154,610.39	(44,406.39)	100.3%	12,908,535.99
EXPENSE TOTALS	13,526,460.00	120,194.00	13,646,654.00	1,257,497.54	12,736,756.38	832,676.75	93.3%	12,663,291.07
Grand Totals	(\$573,450.00)	\$37,000.00	(\$536,450.00)	(\$72,177.78)	\$417,854.01	(\$877,083.14)		\$245,244.92
Less: \$514,992 prior year nursing home supplemental revenue payment recorded in August 2019					(\$97,138)			
Annualized based on 11/30 YTD results adjusted for prior year nursing home supplemental payment					(\$105,969)			
Add back \$514,992 prior year nursing home supplemental revenue payment					\$514,992			
Expenditures in Dec. for special foundation repair project & dietary equipment					(\$71,000)			
Reserve for unexpected year-end expenses or revenue adjustments					(\$100,000)			
Projected year-end financial result for Community Treatment Center					<u>\$140,885</u>	Favorable budget variance \$677,335		



Community Services

Through 11/30/19
Prior Fiscal Year Activity Included
Summary Listing

Account Classification	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year YTD
Fund 201 - Community Services								
REVENUE								
Property Taxes	15,986,348.00	.00	15,986,348.00	1,332,195.69	14,654,152.59	1,332,195.41	91.7%	14,825,046.50
Intergov Revenue	33,020,137.00	2,398,097.00	35,418,234.00	2,862,639.79	31,644,211.91	3,774,022.09	89.3%	29,425,271.55
Public Charges	2,263,051.00	11,400.00	2,274,451.00	199,858.01	2,139,524.73	134,926.27	94.1%	1,916,459.49
Miscellaneous Revenue	86,250.00	54,139.00	140,389.00	15,263.48	224,120.25	(83,731.25)	159.6%	174,973.88
Other Financing Sources	36,639.00	578,352.00	614,991.00	.00	614,991.00	.00	100.0%	267,070.38
REVENUE TOTALS	\$51,392,425.00	\$3,041,988.00	\$54,434,413.00	\$4,409,956.97	\$49,277,000.48	\$5,157,412.52	90.5%	\$46,608,821.80
EXPENSE								
Personnel Costs	20,122,872.00	909,899.00	21,032,771.00	1,713,451.35	18,897,578.55	2,135,192.45	89.8%	17,982,608.48
Operating Expenses	31,141,553.00	2,107,589.00	33,249,142.00	2,658,304.88	30,818,447.44	2,423,305.99	92.7%	30,151,942.94
Outlay	128,000.00	49,500.00	177,500.00	.00	.00	177,500.00	0.0%	30,537.03
EXPENSE TOTALS	\$51,392,425.00	\$3,066,988.00	\$54,459,413.00	\$4,371,756.23	\$49,716,025.99	\$4,735,998.44	91.3%	\$48,165,088.45
Fund 201 - Community Services Totals								
REVENUE TOTALS	51,392,425.00	3,041,988.00	54,434,413.00	4,409,956.97	49,277,000.48	5,157,412.52	90.5%	46,608,821.80
EXPENSE TOTALS	51,392,425.00	3,066,988.00	54,459,413.00	4,371,756.23	49,716,025.99	4,735,998.44	91.3%	48,165,088.45
Grand Totals	\$0.00	(\$25,000.00)	(\$25,000.00)	\$38,200.74	(\$439,025.51)	\$421,414.08		(\$1,556,266.65)
Annualized for 12 months based on 11/30 YTD results					(\$478,937)			
Dec. Outlay expenditures estimate for 2019 Shelter Care bathroom project & vehicle purchase					(\$95,000)			
Reserve for unexpected expenses or revenue adjustments					(\$200,000)			
WIMCR & CCS 2018 cost report settlements over budget					\$941,237			
Estimated year-end projection for Community Services					<u>\$167,300</u>	Favorable budget variance \$192,300		

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BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-3600



Phone (920) 448-6000 Fax (920) 448-6166

ERIK PRITZL, EXECUTIVE DIRECTOR

To: Human Services Board and Human Services Committee

Date: February 13, 2020

Subject: YTD 1/25/20 Personnel Costs for Community Treatment Center and Community Services

Community Treatment Center

Personnel costs YTD for 2020 through pay period end date 1/25/20 for the Community Treatment Center shows payroll and fringe benefit expense at 6.6% of the annual budget compared to a benchmark of 6.8% after 25 of 366 days for the year. This represents a favorable dollar variance of approximately \$20,000 for just under one month.

The largest reason for this variance is that Health Insurance costs recorded in January only include one payroll period for Health and Dental Insurance costs, when most months will include two based on the timing of the payrolls paid during the month.

Average daily census compared to budget for January is as follows:

	<u>Actual</u>	<u>Budget</u>
Bayshore Village	62.7	60.1
Nicolet Psychiatric Center	13.6	12.5
Bay Haven CBRF	10.5	7.7

Community Services

The Community Services division as of 1/25/20 YTD shows personnel costs at 6.2% of the annual budget, which represents a favorable variance of approximately \$135,000 YTD. As with the CTC, this favorable variance is due primarily to January only including one payroll period for Health and Dental Insurance costs.

Respectfully Submitted,

Eric Johnson
Finance Manager

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Community Treatment Center Personnel Costs

Fiscal Year to Date 01/25/20

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 630 - Community Treatment Center									
EXPENSE									
5100	Regular earnings	6,976,299.00	.00	6,976,299.00	400,124.16	400,124.16	6,576,174.84	7.0%	5,865,146.18
5102	Paid leave earnings	.00	.00	.00	50,817.56	50,817.56	(50,817.56)		730,871.89
5103	Premium	239,270.00	.00	239,270.00	52,670.57	52,670.57	186,599.43		555,005.11
5109	Salaries reimbursement	.00	.00	.00	.00	.00	.00		(41,156.74)
5110	Fringe benefits	2,561,951.00	.00	2,561,951.00	135,585.93	135,585.93	2,426,365.07	5.3%	3,665,901.77
5198	Fringe benefits - Budget only	(21,895.00)	.00	(21,895.00)	.00	.00	(21,895.00)		.00
Fund 630 - Community Treatment Center Totals		\$9,755,625.00	\$0.00	\$9,755,625.00	\$639,198.22	\$639,198.22	\$9,116,426.78	6.6%	\$10,775,768.21



Community Services Personnel Costs

Fiscal Year to Date 01/25/20

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 201 - Community Services									
EXPENSE									
Department 076 - CP									
5100	Regular earnings	16,452,196.00	.00	16,452,196.00	934,855.69	934,855.69	15,517,340.31	6.7%	13,050,773.11
5102	Paid leave earnings	.00	.00	.00	130,999.91	130,999.91	(130,999.91)		1,869,558.74
5103	Premium	66,723.00	.00	66,723.00	10,245.95	10,245.95	56,477.05		264,856.88
5105	Case Management Costs - Children's COP	.00	.00	.00	.00	.00	.00		1,494.35
5108	Regular earnings - turnover savings	(487,580.00)	.00	(487,580.00)	.00	.00	(487,580.00)		.00
5109	Salaries reimbursement	.00	.00	.00	.00	.00	.00		(105,617.25)
5110	Fringe benefits	6,507,945.00	.00	6,507,945.00	308,874.09	308,874.09	6,199,070.91	4.8%	5,690,062.19
5196	Fringe benefits - turnover savings	(68,259.00)	.00	(68,259.00)	.00	.00	(68,259.00)		.00
Fund 201 - Community Services Totals		\$22,471,025.00	\$0.00	\$22,471,025.00	\$1,384,975.64	\$1,384,975.64	\$21,086,049.36	6.2%	\$20,771,128.02

**BROWN COUNTY COMMUNITY TREATMENT CENTER
NOVEMBER 2019 BAY HAVEN STATISTICS**

	NOVEMBER	YTD 2019	YTD 2018		NOVEMBER	YTD 2019	YTD 2018
ADMISSIONS							
Voluntary - Mental Illness	29	357	287	AVERAGE DAILY CENSUS	10.6	7.7	8.9
Emergency Detention - Mental Illness	0	0	0				
Return from Conditional Release	0	0	0	INPATIENT SERVICE DAYS	317	2580	2988
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	0	0	0	BED OCCUPANCY	70%	51%	60%
Other - EPP	1	2	11				
TOTAL	30	359	298	DISCHARGES	29	355	296
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	196	2655	2687
Readmit within 30 days	2	28	33				
				AVERAGE LENGTH OF STAY	7	7.5	9
IN/OUT	3	22	29				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	28	320	255	Brown	7	8	16
Door	1	10	2	Door	4	3	1
Kewaunee	0	4	1	Kewaunee	0	1	0
Oconto	0	6	9	Oconto	0	1	9
Marinette	0	0	0	Marinette	0	0	0
Shawano	0	9	18	Shawano	0	1	4
Waupaca	0	0	1	Waupaca	0	0	0
Menominee	0	0	0	Menominee	0	0	0
Outagamie	1	4	6	Outagamie	1	2	4
Manitowoc	0	1	1	Manitowoc	0	0	0
Winnebago	0	0	1	Winnebago	0	0	0
Other	0	5	4	Other	0	4	12
TOTAL	30	359	298	TOTAL	7	7	9

BROWN COUNTY COMMUNITY TREATMENT CENTER NOVEMBER 2019 NICOLET PSYCHIATRIC CENTER STATISTICS							
	NOVEMBER	YTD 2019	YTD 2018		NOVEMBER	YTD 2019	YTD 2018
ADMISSIONS							
				AVERAGE DAILY CENSUS			
Voluntary - Mental Illness	33	184	159		11.2	12.1	11.4
Emergency Detention - Mental Illness	19	343	460				
				INPATIENT SERVICE DAYS			
Return from Conditional Release	6	88	79		337	4034	3794
Court Order - Prelim Mental Illness	0	0	0				
				BED OCCUPANCY			
Court Order - Final Hearing	0	7	6		70%	75%	71%
Other 3 Party Petition	1	1	1				
TOTAL	59	623	705	DISCHARGES	55	622	707
READMIT WITHIN 30 DAYS				DISCHARGE DAYS			
Readmit within 30 days	8	82	65		303	3992	3684
				AVERAGE LENGTH OF STAY			
					6	6	5
IN/OUT	3	26	17				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	53	547	578	Brown	6	7	5
Door	0	6	10	Door	0	1	5
Kewaunee	0	3	5	Kewaunee	0	2	2
Oconto	0	11	18	Oconto	0	1	1
Marinette	1	2	12	Marinette	3	2	1
Shawano	0	6	8	Shawano	0	1	1
Waupaca	0	0	3	Waupaca	0	0	2
Menominee	1	4	0	Menominee	3	2	0
Outagamie	0	9	18	Outagamie	0	1	3
Manitowoc	0	9	15	Manitowoc	0	4	1
Winnebago	0	0	2	Winnebago	0	0	0
Other	4	26	36	Other	10	8	10
TOTAL	59	623	705	TOTAL	6	6	5

Bayshore Village
NOVEMBER
2019 Statistics

NURSING HOME			
ADMISSIONS	NOV 2019	Yr to Date 2019	Yr to Date 2018
From Nicolet Psychiatric Center	0	1	0
From General Hospital	0	1	1
From Nursing Home	0	6	3
From Home	0	0	1
From Residential Care Facilities	0	1	1
Protective Placement	2	23	24
Other	0	0	1
Total	2	32	31
Re-admit from hospital stay (Unit chart was not closed)	1	2	0
DISCHARGES	NOV 2019	Yr to Date 2019	Yr to Date 2018
To Nicolet Psychiatric Center	0	0	1
To General Hospital	0	0	0
To Nursing Home	0	0	1
To Home	0	1	6
To Alternate Care Programs	0	0	0
To Residential Care Facilities	0	9	6
Expired	0	13	18
Other	0	1	5
Total	0	24	37
Bed Occupancy Including Payable (Bed Hold Days)	99.5	96.0	95.5
D/C to Hospital (Unit chart not closed)	1	2	0
Total Service Days	NOV 2019	Yr to Date 2019	Yr to Date 2018
SNF - (Skilled Nursing Facility)	1881	20232	20100
Paid Bed Hold Days	6	47	118
Total Payable Days	1887	20279	20218
Unpaid Bed Hold Days	0	5	13
Total	1887	20284	20231
Number days D/C to hospital (not billable)	1	1	0
Average Daily Census	NOV 2019	Yr to Date 2019	Yr to Date 2018
Avg Census (Payable Days) (total days/total beds)	99.8	96.4	96.1
Avg Census (All Days) (total days/total beds)	99.8	96.4	96.1
Avg. Daily Census Bayshore Village(63 Beds)	62.7	60.7	60.5
** Nursing Home client with DD1A Level of Care			

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**BROWN COUNTY COMMUNITY TREATMENT CENTER
DECEMBER 2019 BAY HAVEN STATISTICS**

	DECEMBER	YTD 2019	YTD 2018		DECEMBER	YTD 2019	YTD 2018
ADMISSIONS							
Voluntary - Mental Illness	19	376	309	AVERAGE DAILY CENSUS	10.1	7.9	8.8
Emergency Detention - Mental Illness	0	0	0				
Return from Conditional Release	0	0	0	INPATIENT SERVICE DAYS	313	2893	3218
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	0	0	0	BED OCCUPANCY	67%	53%	59%
Other - EPP	1	3	11				
TOTAL	20	379	320	DISCHARGES	22	377	317
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	149	2804	2809
Readmit within 30 days	1	29	36				
				AVERAGE LENGTH OF STAY	7	7.4	9
IN/OUT	3	25	31				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	20	340	274	Brown	7	8	11
Door	0	10	3	Door	0	1	4
Kewaunee	0	4	3	Kewaunee	0	0	1
Oconto	0	6	9	Oconto	0	0	5
Marinette	0	0	0	Marinette	0	0	0
Shawano	0	9	18	Shawano	0	0	2
Waupaca	0	0	1	Waupaca	0	0	0
Menominee	0	0	0	Menominee	0	0	0
Outagamie	0	4	6	Outagamie	0	1	2
Manitowoc	0	1	1	Manitowoc	0	0	0
Winnebago	0	0	1	Winnebago	0	0	0
Other	0	5	4	Other	0	2	6
TOTAL	20	379	320	TOTAL	7	7	9

**BROWN COUNTY COMMUNITY TREATMENT CENTER
DECEMBER 2019 NICOLET PSYCHIATRIC CENTER STATISTICS**

	DECEMBER	YTD 2019	YTD 2018		DECEMBER	YTD 2019	YTD 2018
ADMISSIONS							
Voluntary - Mental Illness	26	210	183	AVERAGE DAILY CENSUS	12.2	12.1	11.3
Emergency Detention - Mental Illness	26	369	494				
Return from Conditional Release	5	93	86	INPATIENT SERVICE DAYS	378	4412	4133
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	2	9	6	BED OCCUPANCY	76%	76%	71%
Other	0	1	1				
TOTAL	59	682	770	DISCHARGES	60	682	768
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	378	4370	4124
Readmit within 30 days	4	86	73				
				AVERAGE LENGTH OF STAY	6	6	5
IN/OUT	4	30	21				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	51	598	631	Brown	6	6	6
Door	1	7	14	Door	4	2	5
Kewaunee	0	3	5	Kewaunee	0	1	1
Oconto	2	13	18	Oconto	5	3	1
Marinette	1	3	12	Marinette	5	4	0
Shawano	1	7	8	Shawano	2	1	0
Waupaca	0	0	3	Waupaca	0	0	6
Menominee	0	4	0	Menominee	0	1	0
Outagamie	1	10	22	Outagamie	0	1	4
Manitowoc	1	10	18	Manitowoc	0	2	3
Winnebago	0	0	2	Winnebago	0	0	0
Other	1	27	37	Other	4	6	5
TOTAL	59	682	770	TOTAL	6	6	5

Bayshore Village
December
2019 Statistics

NURSING HOME			
ADMISSIONS	DEC 2019	Yr to Date 2019	Yr to Date 2018
From Nicolet Psychiatric Center	0	1	0
From General Hospital	0	1	1
From Nursing Home	0	6	6
From Home	0	0	2
From Residential Care Facilities	0	1	1
Protective Placement	2	25	25
Other	0	0	1
Total	2	34	36
Re-admit from hospital stay (Unit chart was not closed)	1	2	0
DISCHARGES	DEC 2019	Yr to Date 2019	Yr to Date 2018
To Nicolet Psychiatric Center	0	0	1
To General Hospital	0	0	0
To Nursing Home	0	0	2
To Home	0	1	6
To Alternate Care Programs	0	0	0
To Residential Care Facilities	0	9	6
Expired	2	15	22
Other	0	1	5
Total	2	26	42
Bed Occupancy Including Payable (Bed Hold Days)	99.7	96.0	94.9
D/C to Hospital (Unit chart not closed)	1	2	0
Total Service Days	DEC 2019	Yr to Date 2019	Yr to Date 2018
SNF - (Skilled Nursing Facility)	1926	22157	21820
Paid Bed Hold Days	22	69	118
Total Payable Days	1948	22226	21938
Unpaid Bed Hold Days	0	5	22
Total	1948	22231	21960
Number days D/C to hospital (not billable)	1	1	0
Average Daily Census	DEC 2019	Yr to Date 2019	Yr to Date 2018
Avg Census (Payable Days) (total days/total beds)	99.7	96.6	95.4
Avg Census (All Days) (total days/total beds)	99.7	96.7	95.4
Avg. Daily Census Bayshore Village(63 Beds)	62.8	60.9	60.1
** Nursing Home client with DD1A Level of Care			

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**BROWN COUNTY COMMUNITY TREATMENT CENTER
JANUARY 2020 BAY HAVEN STATISTICS**

	JANUARY	YTD 2020	YTD 2019		JANUARY	YTD 2020	YTD 2019
ADMISSIONS							
Voluntary - Mental Illness	25	25	24	AVERAGE DAILY CENSUS	10.5	10.5	7.0
Emergency Detention - Mental Illness	0	0	0				
Return from Conditional Release	0	0	0	INPATIENT SERVICE DAYS	326	326	217
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	0	0	0	BED OCCUPANCY	70%	70%	47%
Other - EPP	0	0	0				
TOTAL	25	25	24	DISCHARGES	23	23	21
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	494	494	319
Readmit within 30 days	3	3	1				
				AVERAGE LENGTH OF STAY	21	21	15
IN/OUT	3	3	3				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	25	25	21	Brown	17	17	22
Door	0	0	1	Door	0	0	10
Kewaunee	0	0	1	Kewaunee	0	0	2
Oconto	0	0	1	Oconto	0	0	2
Marinette	0	0	0	Marinette	0	0	0
Shawano	0	0	0	Shawano	0	0	0
Waupaca	0	0	0	Waupaca	0	0	0
Menominee	0	0	0	Menominee	0	0	0
Outagamie	0	0	0	Outagamie	83	83	0
Manitowoc	0	0	0	Manitowoc	0	0	0
Winnebago	0	0	0	Winnebago	0	0	0
Other	0	0	0	Other	0	0	1
TOTAL	25	25	24	TOTAL	21	21	15

**BROWN COUNTY COMMUNITY TREATMENT CENTER
JANUARY 2020 NICOLET PSYCHIATRIC CENTER STATISTICS**

	JANUARY	YTD 2020	YTD 2019		JANUARY	YTD 2020	YTD 2019
ADMISSIONS							
Voluntary - Mental Illness	17	17	15	AVERAGE DAILY CENSUS	13.6	13.6	13.2
Emergency Detention - Mental Illness	24	24	36				
Return from Conditional Release	10	10	7	INPATIENT SERVICE DAYS	423	423	408
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	1	1	1	BED OCCUPANCY	85%	85%	82%
Other	0	0	0				
TOTAL	52	52	59	DISCHARGES	53	53	57
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	417	417	321
Readmit within 30 days	2	2	6				
				AVERAGE LENGTH OF STAY	8	8	6
IN/OUT	2	2	4				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	46	46	49	Brown	8	8	7
Door	1	1	1	Door	25	25	20
Kewaunee	0	0	0	Kewaunee	0	0	0
Oconto	2	2	2	Oconto	6	6	5
Marinette	0	0	0	Marinette	0	0	0
Shawano	1	1	2	Shawano	1	1	5
Waupaca	0	0	0	Waupaca	0	0	0
Menominee	0	0	0	Menominee	0	0	0
Outagamie	0	0	2	Outagamie	14	14	3
Manitowoc	2	2	0	Manitowoc	6	6	0
Winnebago	0	0	0	Winnebago	0	0	0
Other	0	0	3	Other	0	0	3
TOTAL	52	52	59	TOTAL	8	8	6

Bayshore Village
JANUARY
2020 Statistics

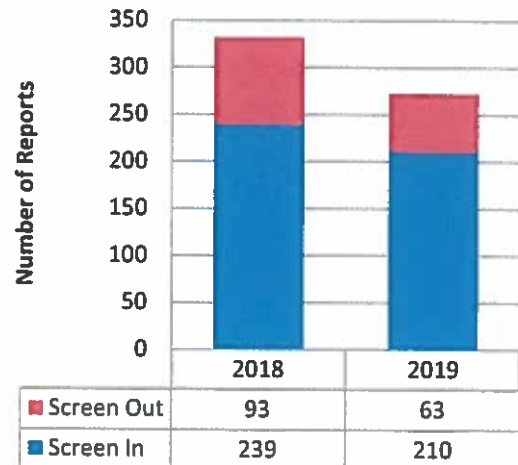
NURSING HOME			
	JAN 2020	Yr to Date 2020	Yr to Date 2019
ADMISSIONS			
From Nicolet Psychiatric Center	0	0	0
From General Hospital	0	0	0
From Nursing Home	3	3	3
From Home	0	0	0
From Residential Care Facilities	1	1	1
Protective Placement	2	2	2
Other	0	0	0
Total	6	6	6
Re-admit from hospital stay (Unit chart was not closed)	0	0	0
DISCHARGES			
To Nicolet Psychiatric Center	0	0	0
To General Hospital	0	0	0
To Nursing Home	0	0	0
To Home	0	0	0
To Alternate Care Programs	0	0	0
To Mental Retardation Facilities	0	0	0
To Residential Care Facilities	0	0	0
Expired	1	1	1
Other	0	0	0
Total	1	1	1
Bed Occupancy Including Payable (Bed Hold Days)	91.3	91.3	91.3
D/C to Hospital (Unit chart not closed)	0	2	0
Total Service Days			
SNF - (Skilled Nursing Facility)	1772	1772	1772
Paid Bed Hold Days	0	0	0
Total Payable Days	1772	1772	1772
Unpaid Bed Hold Days	5	5	5
Total	1777	1777	1777
Number days D/C to hospital (not billable)	0	0	0
Average Daily Census			
Avg Census (Payable Days) (total days/total beds)	90.7	58.1	61.3
Avg Census (All Days) (total days/total beds)	91.0	58.1	61.3
Avg. Daily Census Bayshore Village(63 Beds)	62.7	62.7	57.2
** Nursing Home client with DD1A Level of Care			

Child Protection Statistics: November, 2019

**Year to Date:
CPS Referrals**

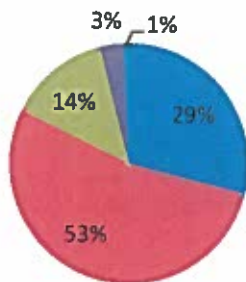


**Year to Date:
Service Requests**



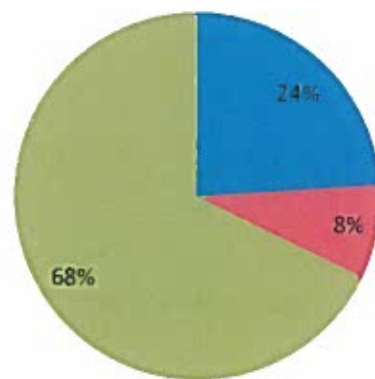
**CPS Allegation(s) of
Maltreatment**

■ Physical Abuse ■ Neglect
■ Sexual Abuse ■ Emotional Damage
■ Unborn Child Abuse

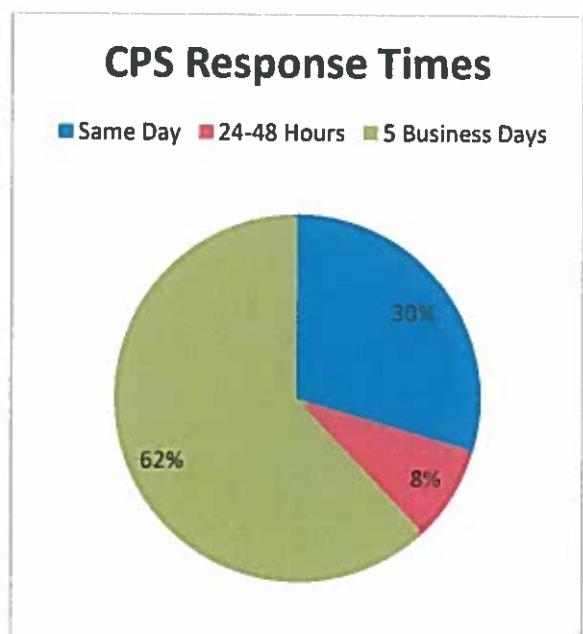
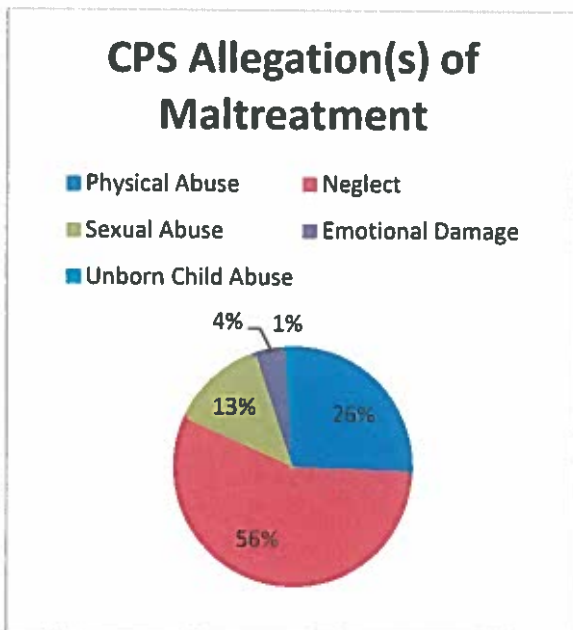
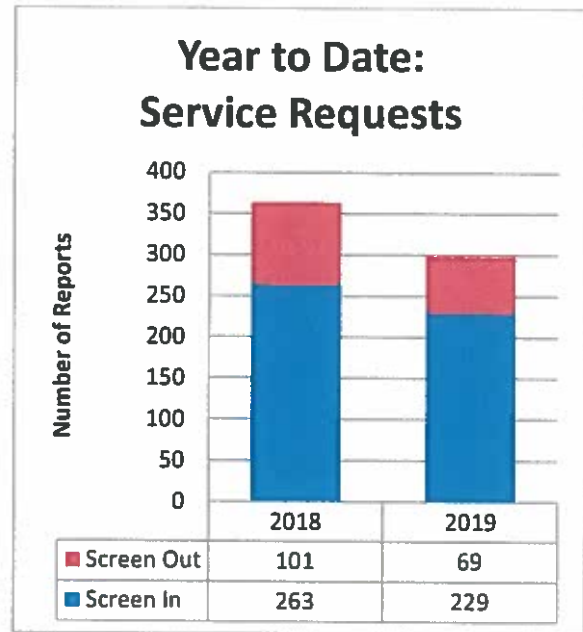
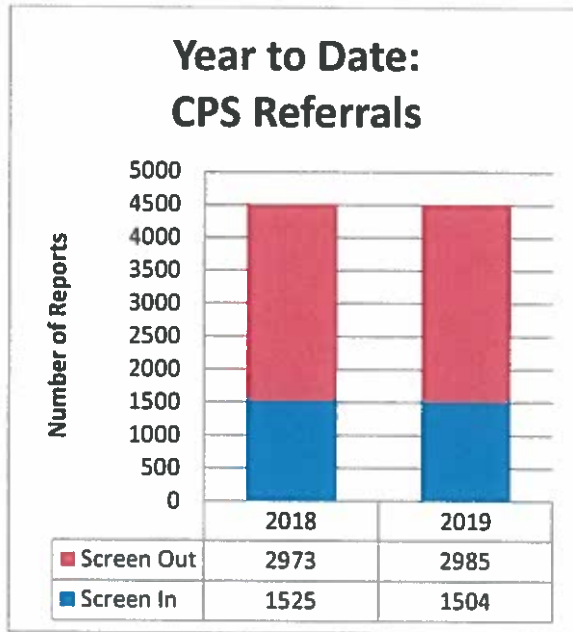


CPS Response Times

■ Same Day ■ 24-48 Hours ■ 5 Business Days

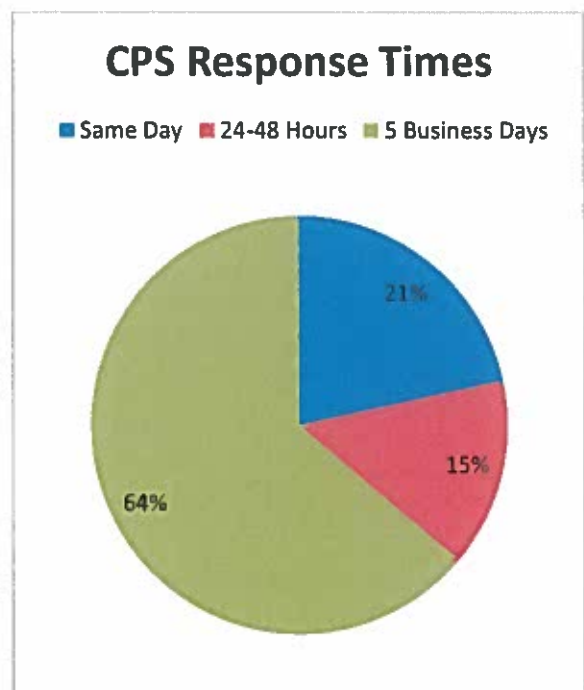
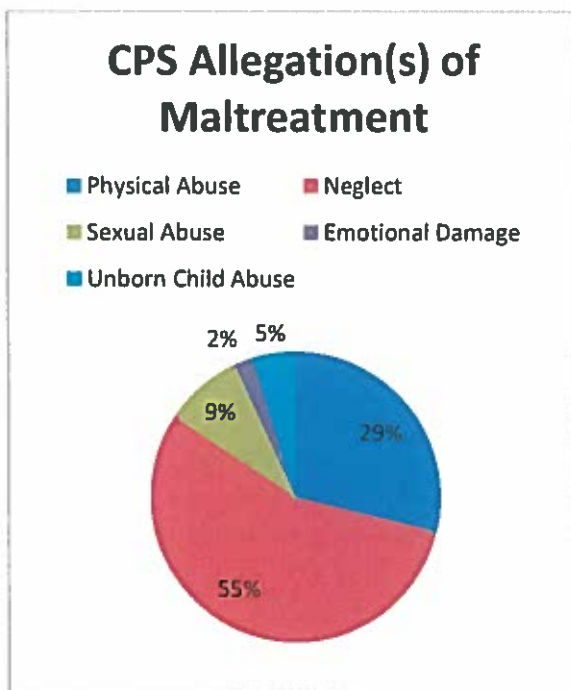
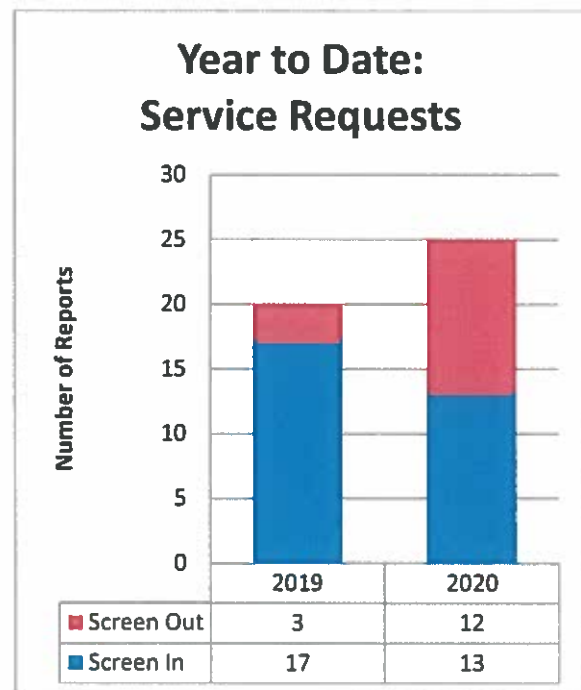
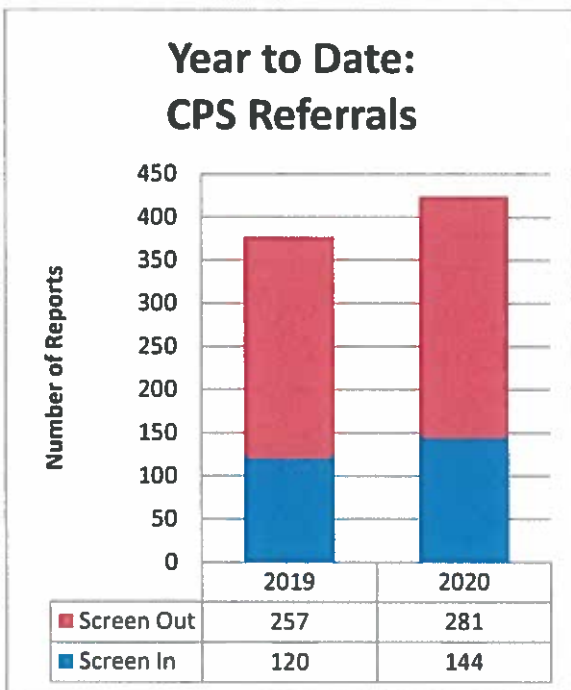


Child Protection Statistics: December, 2019



Throughout all of 2019, there were 4489 child neglect and abuse referrals made to the Brown County Child Protection Unit. An overwhelming majority of the concerns reported were in regard to neglect referrals, specifically parental substance use concerns. Physical abuse concerns represented 24% of the allegations of maltreatment and sexual abuse concerns represented 15% of the allegations of maltreatment.

Child Protection Statistics: January 2020



January has been a demanding month for Child Protection, in both transition and caseload. Supervisors are in process of hiring the new staff approved during the annual budget. In this, there have been several internal transfers as well as new hires. In regard to caseload, the intake unit saw a large increase in both reports of abuse and neglect as well as screened in referrals that required intervention.

**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 1/2/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
101 Mobility	Medical/therapeutic supplies and equipment and home modifications	Children	\$50,000
Acceptional Minds	Living skills for autistic and/or behaviorally-challenged children and their families	Children	\$600,000
A & J Vans	Vehicle modifications for families with disabled children	Families of disabled children	\$65,000
Adams L AFH	3-4 bed traditional adult family home	MH/AODA	\$90,000
ADL Monitoring Solutions	UA observed collection and transport for veterans treatment court	AODA adults	\$20,000
Advocates for Healthy Transitional Living	Treatment foster care placing agency, group social/learning skills, respite care, CCS Services	High behavioral needs children	\$945,000
Anderson, Campell Educational Teaching (ACE)	Daily living skills training	Children with long-term care needs	\$60,000
Anna's House Assisted Living	CBRF (assisted living)	MH/AODA	\$100,000
ASPIRO	Birth to 3 services, respite, prevocational training, adult day programming	Children with disabilities	\$910,000
Assisted Living by Hillcrest (Allouez Parkside Village #1 and #2)	CBRF (assisted living) for APS use	At-risk adults	\$75,000
Bellin Health Occupational Health Solutions	Drug screenings and transporting inpatient clients to court	Adult parents	\$10,000
Bellin Psychiatric Center	Inpatient psychiatric and detox services	MH/AODA	\$250,000
Berry House (Robert E. Berry House)	CBRF (assisted living) that takes individuals with backgrounds in violent crimes	MH	\$115,000
Better Days Mentoring	Youth mentoring services, daily living skills, CCS services	Youth	\$725,000
Boli Adult Care Concepts	Corporate adult family home (assisted living) with CCS services for high needs behavioral health	MH/AODA	\$500,000
Brotoloc Health Care System	CBRF and corporate adult family homes (assisted living)	PD with MH issues	\$500,000
Caravel Autism Health	Social learning groups for children with social communication challenges	Children with long-term care needs	\$20,000
Care for All Ages (CFAA)	CBRF (assisted living), child day care (day care used sparingly)	PD with MH issues	\$55,000
Catholic Charities of the Diocese of GB	Teen Parenting program, fiscal agent services, domestic violence group	Teens	\$160,000
CP Center	Respite and daily living skills	Children with long-term care needs	\$75,000
Childrens Service Society	Treatment foster care placing agency	Children	\$10,000
Chileda Institute	Children high-needs residential care center (RCC)	High behavioral needs children	\$175,000
Cisler Construction	Home remodeling/modifications	Families of long-term care children	\$50,000
Clarity Care	CBRF (assisted living), home health care	PD with MH issues	\$10,000
Clinicare - Milwaukee Academy	Youth (all female) high-needs residential care center (RCC), serve sex-trafficking victims	High behavioral needs children	\$145,000

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**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 1/2/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
Communication Pathways	Social learning groups for children with social communication challenges	Children with long-term care needs	\$60,000
Compass Development	CBRF (assisted living)	PD with MH issues	\$62,000
Cordoba Residence	1-2 bed corporate adult family home (AKA 'Community Care Home') specializing in 1:1 care	MH needing 1:1 care	\$210,000
Curative Connections	Supportive home care, specialized transportation, prevocational training, daily living skills, CCS services	MH/AODA and LTC children	\$420,000
Curo Care	Corporate adult family homes (assisted living)	PD with MH issues	\$200,000
Deer Path Assisted Living	CBRF, corporate adult family homes (assisted living)	MH/AODA	\$120,000
Dodge County (DBA Clearview Behavioral Health)	Brain injury rehabilitation center	Adults w/traumatic brain injury	\$285,000
Dynamic Family Solutions	Family counseling/treatment programs, CCS services	Families of juvenile offenders	\$30,000
Encompass Child Care	Child day care	Children	\$50,000
Engberg AFH	1-2 bed traditional adult family home	MH	\$22,000
Exceptional Equestrians	Hippotherapy and therapeutic riding to clients with special needs	Children with long-term care needs	\$62,000
Expressive Therapies	Music therapy for children	Children with long-term care needs	\$32,000
Family Services of Northeast Wisconsin Inc.	CBRF (assisted living), CRISIS Center services, counseling, CCS services	MH/AODA, children	\$3,250,000
Family Training Program	Parenting/family skills training	CPS parents, parents of juvenile offenders	\$290,000
Family Works Programs	Treatment foster care placing agency	Children	\$25,000
Foundations Health and Wholeness	Treatment foster care placing agency and CCS Services	Children and adults	\$200,000
Friendship House	Group home for juvenile offenders	Juvenile offenders	\$100,000
The Gathering Place	CCS peer support services	MH/AODA	\$25,000
Generations Community Services	CCS services	Children	\$100,000
Golden House	Domestic abuse services	Adults in need	\$63,086
Gonzalez AFH	3-4 bed traditional adult family home	PD with MH issues	\$24,000
Goodwill Industries	Prevocational services	PD with MH issues	\$2,500
Green Bay Area Builders	Home remodeling/modifications	Families of long-term care children	\$50,000
Green Bay Transit Commission - NO CONTRACT	Bus passes for transportation to/from school, meetings with parents, etc.	CPS case children and adults	N/A
Greenfield Rehabilitation Agency	Birth to 3 services	Children with disabilities	\$510,000

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**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 1/2/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
Helping Hands Caregivers	Supportive home care, children's respite	PD with MH issues, children with disabilities	\$25,000
Home Instead Senior Care	Supportive home care	PD with MH issues	\$8,000
Homes for Independent Living	CBRF (assisted living)	MH	\$200,000
Hopeful Haven	Treatment foster care placing agency	Children	\$12,000
HME Home Medical	Medical and therapeutic supplies and equipment	Children	\$55,000
Improved Living Services	Corporate adult family homes (assisted living), CCS services	MH	\$65,000
Independent Mobility Plus	Medical and therapeutic supplies and equipment	Children	\$50,000
Infinity Care Inc.	CBRF (assisted living), home health care	PD with MH issues	\$95,000
Innovative Services	Corporate adult family home (assisted living), CCS services, daily living skills, supportive home care	High-needs MH	\$1,850,000
Jackie Nitschke Center	AODA residential and intensive outpatient services	AODA adults and youth	\$165,000
Jacobs Fence	Fence building and repair	Families of long-term care children	\$90,000
KCC Fiscal Agent Services	Payor of client-hired personal care workers		\$985,000
KUEHG - Kindercare	Child day care	Children	\$85,000
Kismet Advocacy	Mentoring, living skills for autistic and/or behaviorally-challenged children and their families	Children with long-term care needs	\$915,000
Kimbrough, Ellen AFH	1-2 bed traditional adult family home	MH	\$30,000
Lad Lake	Youth high-needs residential care center (RCC)	High behavioral needs children	\$150,000
Lutheran Social Services	CBRF (assisted living) with CCS services	MH/AODA	\$905,000
Lutheran Social Services (Homme Home)	Youth (all male) high-needs residential care center (RCC)	High behavioral needs children	\$615,000
Macht Village Programs (MVP)	Respite care, counseling, daily living skills, treatment foster care child placing agency	High behavioral needs children	\$700,000
Matthews Senior Living	CBRF (assisted living)	PD with MH issues	\$55,000
McCormick Memorial Home	CBRF (assisted living)	MH/AODA	\$60,000
Milestones Behavioral Pediatrics	Social learning groups for children with social communication challenges	Children with long-term care needs	\$20,000
MobilityWorks	Vehicle modifications for families with disabled children	Families of disabled children	\$95,000
Moon Beach Camp	Summer camp for children with autism	Children with long-term care needs	\$20,000
Mooring Programs	AODA residential services	AODA adults	\$100,000
My Brother's Keeper	Male Mentoring Program	Juvenile males	\$10,000
Mystic Meadows	Corporate AFH (assisted living)	MH/AODA	\$320,000

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**HEALTH AND HUMAN SERVICES
2019 PROVIDER CONTRACT LIST - 1/2/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
NEW Community Shelter	Homeless sheltering services	MH	\$40,000
Northwest Passage	Children high-needs residential care center (RCC)	High behavioral needs children	\$125,000
Nova Counseling Services	AODA residential services	AODA adults	\$50,000
Oconomowoc Development Training Center (Genesee Lake)	Residential care center (RCC) for lower functioning teens	Developmentally delayed youth	\$175,000
Options Counseling Services (Koinonia)	AODA residential services	AODA adults	\$35,000
Options for Independent Living	CCS peer support services, home modification assessments	MH/AODA	\$10,000
Options Treatment Program	AODA treatment	AODA youth and adults	\$40,000
Paragon Industries	Daily respite care	Children with long-term care needs	\$260,000
Parmentier AFH	3-4 bed traditional adult family home	MH	\$44,500
Pathways Treatment	AODA residential treatment for dual diagnosis clients	AODA/MH (dual diagnosis)	\$375,000
Pillar and Vine	Treatment foster care placing agency	Children	\$25,000
Prevea Health WorkMed	Drug screenings	CPS parents, AODA, JJ youth	\$85,000
PRN Home Health and Therapy (formerly Nurses PRN)	Skilled nursing services	Children	\$45,000
Productive Living Systems	Corporate adult family homes, CBRF (assisted living), supportive apartment program	MH/AODA	\$340,000
Productive Living Systems (Pnuma LLC)	CBRF (assisted living)	PD with MH issues	\$120,000
Psychological Consultants of Green Bay	Psychological assessments to determine competency	Elderly, DD	\$25,000
Ravenwood Behavioral Health	Nursing home for high-needs MH clients	High-needs MH	\$100,000
Rawhide	Residential care center (RCC) for juvenile offenders	Juvenile offenders	\$500,000
REDI Transports (Formerly WI Lock and Load)	Provides secure transportation to/from GB to other state facilities	MH, JJ	\$60,000
Rehabilitation House	Transitional CBRF (assisted living) for co-occurring AODA/MH	MH/AODA	\$60,000
REM Wisconsin	Corporate adult family home, CBRF (assisted living)	MH, PD with MH issues	\$200,000
Saint A	Treatment foster care placing agency	Children	\$42,000
Social Thinkers	Social learning groups for children with social communication challenges	Children with long-term care needs	\$22,500
Smith Receiving Home	Receiving home for emergency placements	Children in need	N/A
Spectrum Behavioral Health	CCS services	Children	\$100,000
St. Vincent Hospital	Birth to 3 services, home delivered meals	Children with disabilities	\$250,000
Tellurian	Residential detox	AODA	\$55,000
Tim Halbrook Builders	Home remodeling/modifications	Families of long-term care children	\$50,000

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20-025

BUDGET ADJUSTMENT REQUEST

CategoryApproval Level

- ☐ 1 Reallocation from one account to another in the same level of appropriation Dept Head
- ☐ 2 Reallocation due to a technical correction that could include: Director of Admin
- Reallocation to another account strictly for tracking or accounting purposes
 - Allocation of budgeted prior year grant not completed in the prior year
- ☐ 3 Any change in any item within the Outlay account which does not require the County Exec
- reallocation of funds from another level of appropriation
- ☐ 4 Any change in appropriation from an official action taken by the County Board County Exec
- (i.e., resolution, ordinance change, etc.)
- ☐ 5 a) Reallocation of up to 10% of the originally appropriated funds between any Admin Comm
- levels of appropriation (based on lesser of originally appropriated amounts).
- ☐ 5 b) Reallocation of more than 10% of the funds originally appropriated between Oversight Comm
- any of the levels of appropriation. 2/3 County Board
- ☐ 6 Reallocation between two or more departments, regardless of amount Oversight Comm
- 2/3 County Board
- ☒ 7 Any increase in expenses with an offsetting increase in revenue Oversight Comm
- 2/3 County Board
- ☐ 8 Any allocation from a department's fund balance Oversight Comm
- 2/3 County Board
- 9 Any allocation from the County's General Fund (*requires separate Resolution*) Oversight Comm
- After County Board approval of the resolution, a Category 4 budget adjustment must be prepared.* Admin Committee
- 2/3 County Board

Justification for Budget Change:

Brown County Public Health grant agreement with State of WI to enroll seven dwellings in lead program that meet eligibility criteria. The State of WI will reimburse Brown County for expenses related to reducing lead hazards in the enrolled properties based on an average reimbursement for lead hazard reduction per property of \$25,000 per property for lead abatement work and \$2,000 per property for the cost of relocating occupant families to comply with the Uniform Relocation Act.


Fiscal Impact*: \$ 241,650

*Enter \$0 if reclassifying previously budgeted funds. Enter actual dollar amount if new revenue or expense.

Increase	Decrease	Account #	Account Title	Amount
<input checked="" type="checkbox"/>	<input type="checkbox"/>	100.060.001.6110.020	Outlay Equipment (\$5,000+)	\$ 19,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>	100.060.001.5340	Travel & Training	\$ 13,450
<input checked="" type="checkbox"/>	<input type="checkbox"/>	100.060.001.5340.100	Travel & Training mileage	\$ 3,675
<input checked="" type="checkbox"/>	<input type="checkbox"/>	100.060.001.5700	Contracted Services	\$ 194,700
<input checked="" type="checkbox"/>	<input type="checkbox"/>	100.060.001.5505.100	Telephone cell	\$ 4,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>	100.060.001.5300	Supplies	\$ 5,000
<input checked="" type="checkbox"/>	<input type="checkbox"/>	100.060.001.5300.001	Supplies Office	\$ 1,825

EO 3/5/20

AUTHORIZATIONS


 Signature of Department Head
 Department: Health & Human Services
 Date: 3/4/2020


 Signature of BOA or Executive
 Date: 3/12/2020

Revised 12/17/19

Submit Form

4

BROWN COUNTY HEALTH & HUMAN SERVICES

111 N. Jefferson Street
P.O. Box 22188
Green Bay, WI 54305-3600



Phone (920) 448-6000 Fax (920) 448-6166

Erik Pritzl, Executive Director

To: Human Services Board and Human Services Committee

Date: March 12, 2020

Subject: YTD 3/7/20 Personnel Costs for Community Treatment Center and Community Services

Community Treatment Center

Personnel costs YTD for the Community Treatment Center through the pay period ending 3/7/20 show salaries and wages at 18.5% of the annual budget compared to a benchmark of 18.3% after 67 of 366 days for the year. Fringe benefits are 16.7% of budget YTD, resulting in overall personnel costs at 18.1% which is a favorable budget variance of approximately \$23,400 for this first part of the year.

Average daily census YTD through February is as follows:

	<u>Actual</u>	<u>Budget</u>
Bayshore Village	62.3	60.1
Nicolet Psychiatric Center	12.8	12.5
Bay Haven CBRF	9.6	7.7

Community Services

Community Services YTD Personnel costs as of 3/7/20 show salaries and wages at 18.1% of the annual budget and 15.7% for fringe benefits. Overall personnel costs are at 17.4% of budget or a favorable variance of approximately \$201,500 YTD. These variances are due primarily to the process of filling new budgeted positions. Premium pay which is primarily overtime has been higher in the first part of the year until all new positions are filled, at which point less overtime will be needed and fringe benefit costs will increase.

Status of January / February 2020 and Year-End Accounting for 2019

Because of year-end accounting requirements, January accounting close is delayed and finalized together with February accounting. This process for the first two months of 2020 is expected to be completed soon so February YTD financial reports should be available for meetings next month.

Year-end accounting for 2019 is also still in progress with final prior year revenues from the state expected in early April which will allow for a pre-audit accounting close. Final 2019 financial statements will be available following completion of the annual financial audit for all county departments in May or June.

Respectfully Submitted,

Eric Johnson
Finance Manager



Community Treatment Center Personnel Costs

Fiscal Year to Date 03/07/2020

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 630 - Community Treatment Center									
EXPENSE									
5100	Regular earnings	6,976,299.00	.00	6,976,299.00	246,499.92	1,125,766.33	5,850,532.67	18.5%	5,865,146.18
5102	Paid leave earnings	.00	.00	.00	18,873.86	112,918.53	(112,918.53)		730,871.89
5103	Premium	239,270.00	.00	239,270.00	15,836.81	107,129.06	132,140.94		555,005.11
5109	Salaries reimbursement	.00	.00	.00	.00	(8,461.32)	8,461.32		(41,156.74)
5110	Fringe benefits	2,561,951.00	.00	2,561,951.00	100,062.78	425,113.07	2,136,837.93	16.7%	3,678,286.77
5198	Fringe benefits - Budget only	(21,895.00)	.00	(21,895.00)	.00	.00	(21,895.00)		.00
Fund 630 - Community Treatment Center Totals		\$9,755,625.00	\$0.00	\$9,755,625.00	\$381,273.37	\$1,762,465.67	\$7,993,159.33	18.1%	\$10,788,153.21



Community Services Personnel Costs

Fiscal Year to Date 03/07/2020

Account	Account Description	Adopted Budget	Budget Amendments	Amended Budget	Current Month Transactions	YTD Transactions	Budget - YTD Transactions	% Used/ Rec'd	Prior Year Total
Fund 201 - Community Services									
EXPENSE									
Department 076 - CP									
5100	Regular earnings	16,452,196.00	.00	16,452,196.00	572,648.09	2,622,543.19	13,829,652.81	18.1%	13,050,773.11
5102	Paid leave earnings	.00	.00	.00	43,209.82	258,639.36	(258,639.36)		1,869,558.74
5103	Premium	66,723.00	.00	66,723.00	5,817.23	27,734.46	38,988.54		264,856.88
5105	Case Management Costs - Children's COP	.00	.00	.00	.00	669.60	(669.60)		1,494.35
5108	Regular earnings - turnover savings	(487,580.00)	.00	(487,580.00)	.00	.00	(487,580.00)		.00
5109	Salaries reimbursement	.00	.00	.00	.00	(8,982.57)	8,982.57		(105,617.25)
5110	Fringe benefits	6,507,945.00	.00	6,507,945.00	238,025.20	1,011,487.01	5,496,457.99	15.7%	5,690,062.19
5196	Fringe benefits - turnover savings	(68,259.00)	.00	(68,259.00)	.00	.00	(68,259.00)		.00
Fund 201 - Community Services Totals		\$22,471,025.00	\$0.00	\$22,471,025.00	\$859,700.34	\$3,912,091.05	\$18,558,933.95	17.4%	\$20,771,128.02

**BROWN COUNTY COMMUNITY TREATMENT CENTER
FEBRUARY 2020 BAY HAVEN STATISTICS**

	FEBRUARY	YTD 2020	YTD 2019		FEBRUARY	YTD 2020	YTD 2019
ADMISSIONS							
Voluntary - Mental Illness	28	53	47	AVERAGE DAILY CENSUS	8.5	9.6	7.2
Emergency Detention - Mental Illness	0	0	0				
Return from Conditional Release	0	0	0	INPATIENT SERVICE DAYS	247	573	422
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	0	0	0	BED OCCUPANCY	57%	64%	48%
Other - EPP	0	0	0				
TOTAL	28	53	47	DISCHARGES	34	57	48
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	344	838	793
Readmit within 30 days	5	8	4				
				AVERAGE LENGTH OF STAY	10	15	17
IN/OUT	0	3	5				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	24	49	40	Brown	12	14.5	19
Door	2	2	2	Door	13	6.5	14
Kewaunee	0	0	1	Kewaunee	0	0	1
Oconto	1	1	1	Oconto	7	3.5	1
Marinette	0	0	0	Marinette	0	0	0
Shawano	0	0	2	Shawano	0	0	6
Waupaca	0	0	0	Waupaca	0	0	0
Menominee	0	0	0	Menominee	0	0	0
Outagamie	0	0	0	Outagamie	0	41.5	0
Manitowoc	0	0	1	Manitowoc	0	0	1
Winnebago	0	0	0	Winnebago	0	0	0
Other	1	1	0	Other	1	0.5	1
TOTAL	28	53	47	TOTAL	10	16	17

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BROWN COUNTY COMMUNITY TREATMENT CENTER FEBRUARY 2020 NICOLET PSYCHIATRIC CENTER STATISTICS							
	FEBRUARY	YTD 2020	YTD 2019		FEBRUARY	YTD 2020	YTD 2019
ADMISSIONS							
Voluntary - Mental Illness	16	33	32	AVERAGE DAILY CENSUS	11.9	12.8	13.5
Emergency Detention - Mental Illness	46	70	62				
Return from Conditional Release	6	16	11	INPATIENT SERVICE DAYS	345	768	795
Court Order - Prelim Mental Illness	0	0	0				
Court Order - Final Hearing	0	1	2	BED OCCUPANCY	74%	80%	84%
Other	0	0	0				
TOTAL	68	120	107	DISCHARGES	73	126	104
READMIT WITHIN 30 DAYS				DISCHARGE DAYS	388	805	605
Readmit within 30 days	9	11	8				
				AVERAGE LENGTH OF STAY	5	6	6
IN/OUT	2	4	7				
ADMISSIONS BY COUNTY				AVERAGE LOS BY COUNTY			
Brown	56	102	95	Brown	6	7	8
Door	1	2	1	Door	17	21	10
Kewaunee	0	0	0	Kewaunee	0	0	0
Oconto	0	2	2	Oconto	0	3	3
Marinette	0	0	0	Marinette	0	0	0
Shawano	1	2	2	Shawano	3	2	4
Waupaca	1	1	0	Waupaca	1	0.5	0
Menominee	0	0	1	Menominee	0	0	1
Outagamie	2	2	3	Outagamie	6	10	11
Manitowoc	1	3	0	Manitowoc	4	5	0
Winnebago	0	0	0	Winnebago	0	0	0
Other	6	6	3	Other	4	2	2
TOTAL	68	120	107	TOTAL	5	6.5	6

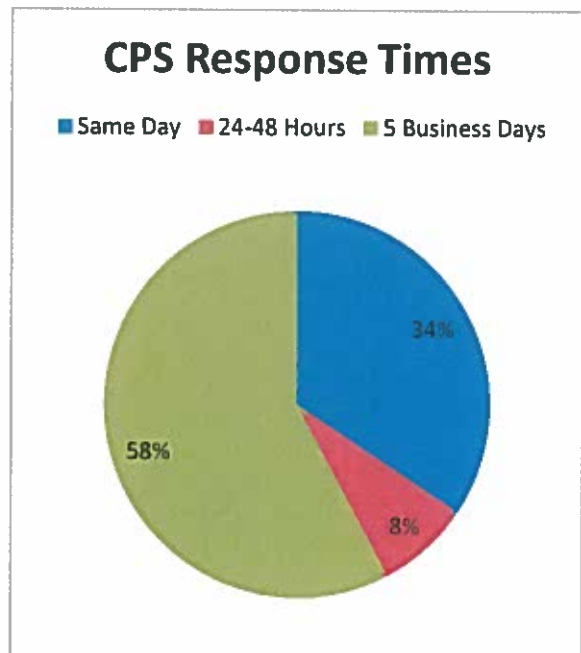
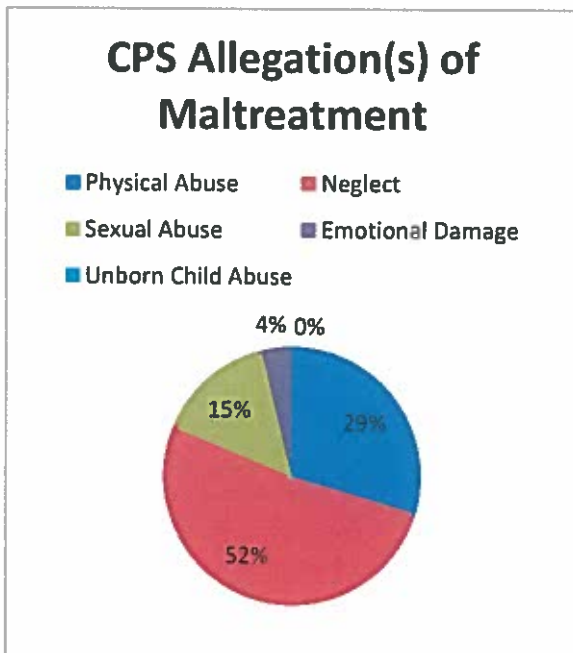
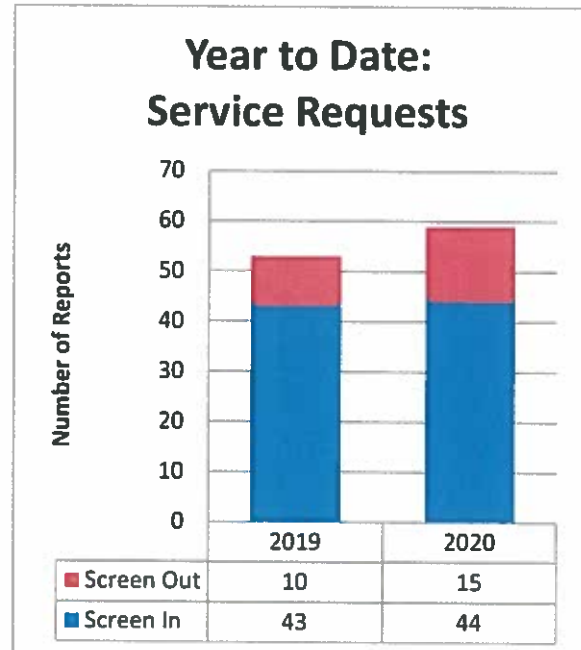
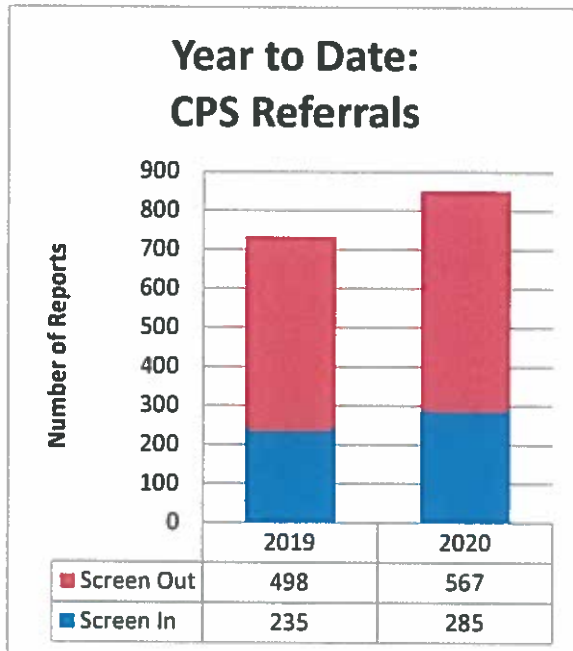
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CTC Double Shifts Worked — February 1-29, 2020

Employee Name	Classification	Date(s)	Shifts Worked
Allen, Zach	CNA	February 3, 9	AM / PM
Begalke, John	CNA	February 1, 2, 3, 4, 5, 7, 8, 9, 12, 13, 14, 20, 21, 22, 24, 26, 27, 29	PM / NOC
Harrill, Diane	CNA	February 1, 2, 6, 7, 11, 15, 16, 19, 20, 21, 25, 29	PM / NOC
Harrill, Linda	CNA	February 9	AM / PM
Joachim, Bob	CNA	February 5, 9, 19, 23	AM / PM
Kosterman, Kaela	CNA	February 16	AM / PM
Molina, Brandon	LPN	February 2, 4, 8, 9, 15, 22, 23	AM / PM
Porter, Becky	RN	February 8	PM / NOC
Rose, Joe	CNA	February 16	AM / PM
Spencer, Brenda	LPN	February 6, 9	AM / PM
Stewart, Maria	CNA	February 3, 4, 9, 13, 17, 18, 22, 23, 25, 27, 28	AM / PM

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Child Protective Services Statistics: February 2020



In February transitions continued for staff and supervisors. Most of the new and open positions have been filled or offers are in process and we continue to welcome new staff to the team.

**HEALTH AND HUMAN SERVICES
2020 PROVIDER CONTRACT LIST - 3/5/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
101 Mobility Acceptional Minds	Medical/therapeutic supplies and equipment and home modifications Living skills for autistic and/or behaviorally-challenged children and their families	Children Children	\$35,000 \$500,000
A & J Vans	Vehicle modifications for families with disabled children	Families of disabled children	\$65,000
Adams L AFH	3-4 bed traditional adult family home	MH/AODA	\$61,500
ADL Monitoring Solutions	UA observed collection and transport for veterans treatment court	AODA adults	\$15,000
Advocates for HTL	Treatment foster care placing agency, group social/learning skills, respite care, CCS Services	High behavioral needs children	\$945,000
Affinity Health	Inpatient detox services	MH/AODA	\$25,000
Almost Family	Supportive home care, children's respite	PD with MH issues; children with disabilities	\$25,000
ACE Teaching	Daily living skills training	Children with long- term care needs	\$60,000
Anna's House Assisted Living ASPIRO	CBRF (assisted living) Birth to 3 services, respite, prevocational training, adult day programming	MH/AODA Children with disabilities	\$100,000 \$925,000
Assisted Living by Hillcrest	CBRF (assisted living) for APS use	At-risk adults	\$75,000
Bellin Health Occupational Health Solutions	Drug screenings and transporting inpatient clients to court	Adult parents	\$10,000
Bellin Psychiatric Center	Inpatient psychiatric and detox services	MH/AODA	\$250,000
Berry House (Robert E. Berry House)	CBRF (assisted living) that takes individuals with backgrounds in violent crimes	MH	\$115,000
Better Days Mentoring	Youth mentoring services, daily living skills, CCS services	Youth	\$750,000
Boll Adult Care Concepts	Corporate adult famiy home (assisted living) with CCS services for high needs behavioral health	MH/AODA	\$300,000
Brotoloc Health Care System	CBRF and corporate adult family homes (assisted living)	PD with MH issues	\$500,000
Caravel Autism Health	Social learning groups for children with social communication challenges	Children with long- term care needs	\$30,000
Care for All Ages (CFAA)	CBRF (assisted living), child day care (day care used sparingly)	PD with MH issues	\$60,000
Catholic Charities of the Diocese of GB	Teen Parenting program, fiscal agent services, domestic violence group	Teens	\$160,000
CP Center	Respite and daily living skills	Children with long- term care needs	\$65,000
Childrens Service Society	Treatment foster care placing agency	Children	\$10,000
Chileda Institute	Children high-needs residential care center (RCC)	High behavioral needs children	\$175,000
Cisler Construction	Home remodeling/modifications	Families of long-term care children	\$50,000
Clarity Care	CBRF (assisted living), home health care	PD with MH issues	\$10,000

**HEALTH AND HUMAN SERVICES
2020 PROVIDER CONTRACT LIST - 3/5/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
Clinicare - Milwaukee Academy	Youth (all female) high-needs residential care center (RCC); serve sex-trafficking victims	High behavioral needs children	\$145,000
Communication Pathways	Social learning groups for children with social communication challenges	Children with long-term care needs	\$60,000
Compass Development	CBRF (assisted living)	PD with MH issues	\$70,000
Cordoba Residence	1-2 bed corporate adult family home (AKA 'Community Care Home') specializing in 1:1 care	MH needing 1:1 care	\$210,000
Curative Connections	Supportive home care, specialized transportation, prevocational training, daily living skills, CCS services	MH/AODA and LTC children	\$390,000
Curo Care	Corporate adult family homes (assisted living)	PD with MH issues	\$200,000
Deer Path Assisted Living	CBRF, corporate adult family homes (assisted living)	MH/AODA	\$145,000
Dodge County (Clearview Behavioral Health)	Brain injury rehabilitation center	Adults w/traumatic brain injury	\$285,000
Dynamic Family Solutions	Family counseling/treatment programs, CCS services	Families of juvenile offenders	\$20,000
Encompass Child Care	Child day care	Children	\$50,000
Engberg AFH	1-2 bed traditional adult family home	MH	\$22,000
Exceptional Equestrians	Hippotherapy and therapeutic riding to clients with special needs	Children with long-term care needs	\$65,000
Expressive Therapies	Music therapy for children	Children with long-term care needs	\$20,000
Family Services of Northeast Wisconsin	CBRF (assisted living), CRISIS Center services, counseling, CCS services	MH/AODA, children	\$3,315,000
Family Training Program	Parenting/family skills training	CPS parents, parents of juvenile offenders	\$290,000
Family Works Programs	Treatment foster care placing agency	Children	\$25,000
Foundations Health and Wholeness	Treatment foster care placing agency and CCS Services	Children and adults	\$150,000
Friendship House	Group home for juvenile offenders	Juvenile offenders	\$100,000
The Gathering Place	CCS peer support services	MH/AODA	\$32,000
Generations Community Services	CCS services	Children	\$100,000
Golden House	Domestic abuse services	Adults in need	\$63,086
Gonzalez AFH	3-4 bed traditional adult family home	PD with MH issues	\$24,000
Goodwill Industries	Prevocational services	PD with MH issues	\$2,500
Green Bay Area Builders	Home remodeling/modifications	Families of long-term care children	\$50,000
Green Bay Transit Commission - NO CONTRACT	Bus passes for transportation to/from school, meetings with parents, etc.	CPS case children and adults	N/A
Greenfield Rehabilitation Agency	Birth to 3 services	Children with disabilities	\$410,000
Helping Hands Caregivers	Supportive home care, children's respite	PD with MH issues; children with disabilities	\$25,000

**HEALTH AND HUMAN SERVICES
2020 PROVIDER CONTRACT LIST - 3/5/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
Home Instead Senior Care	Supportive home care	PD with MH issues	\$8,000
Homes for Independent Living	CBRF (assisted living)	MH	\$200,000
Hopeful Haven	Treatment foster care placing agency	Children	\$65,000
HME Home Medical	Medical and therapeutic supplies and equipment	Children	\$35,000
Improved Living Services	Corporate adult family homes (assisted living), CCS services	MH	\$65,000
Independent Mobility Plus	Medical and therapeutic supplies and equipment	Children	\$35,000
Infinity Care Inc.	CBRF (assisted living), home health care	PD with MH issues	\$95,000
Innovative Services	Corporate adult family home (assisted living), CCS services, daily living skills, supportive home care	High-needs MH	\$1,765,000
Jackie Nitschke Center	AODA residential and intensive outpatient services	AODA adults and youth	\$175,000
Jacobs Fence	Fence building and repair	Families of long-term care children	\$90,000
KCC Fiscal Agent Services	Payor of client-hired personal care workers		\$985,000
KUEHG - Kindercare	Child day care	Children	\$85,000
Kismet Advocacy	Mentoring, living skills for autistic and/or behaviorally-challenged children and their families	Children with long-term care needs	\$925,000
Kimbrough, Ellen AFH	1-2 bed traditional adult family home	MH	\$30,000
Lad Lake	Youth high-needs residential care center (RCC)	High behavioral needs children	\$150,000
Lutheran Social Services	CBRF (assisted living) with CCS services	MH/AODA	\$1,105,000
Lutheran Social Services (Homme Home)	Youth (all male) high-needs residential care center (RCC)	High behavioral needs children	\$500,000
Macht Village Programs (MVP)	Respite care, counseling, daily living skills, treatment foster care child placing agency	High behavioral needs children	\$700,000
Matthews Senior Living	CBRF (assisted living)	PD with MH issues	\$55,000
McCormick Memorial Home	CBRF (assisted living)	MH/AODA	\$76,500
Milestones Behavioral Pediatrics	Social learning groups for children with social communication challenges	Children with long-term care needs	\$20,000
MobilityWorks	Vehicle modifications for families with disabled children	Families of disabled children	\$20,000
Moon Beach Camp	Summer camp for children with autism	Children with long-term care needs	\$20,000
Mooring Programs (Apricity)	AODA residential services	AODA adults	\$120,000
My Brother's Keeper	Male Mentoring Program	Juvenile males	\$10,000
Mystic Meadows	Corporate AFH (assisted living)	MH/AODA	\$320,000
NEW Community Shelter	Homeless sheltering services	MH	\$40,000
Northwest Passage	Children high-needs residential care center (RCC)	High behavioral needs children	\$125,000
Nova Counseling Services	AODA residential services	AODA adults	\$50,000
Nurses PRN Home Care	Skilled nursing services	Children	\$45,000

**HEALTH AND HUMAN SERVICES
2020 PROVIDER CONTRACT LIST - 3/5/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
ODTC - Genesee Lake School	Residential care center (RCC) for lower functioning teens	Developmentally delayed youth	\$175,000
Options Counseling Services (Koinonia)	AODA residential services	AODA adults	\$35,000
Options for Independent Living	CCS peer support services, home modification assessments	MH/AODA	\$10,000
Options Treatment Program	AODA treatment	AODA youth and adults	\$20,000
Paragon Industries	Daily respite care	Children with long-term care needs	\$285,000
Parmentier AFH	3-4 bed traditional adult family home	MH	\$44,500
Pathways Treatment	AODA residential treatment for dual diagnosis clients	AODA/MH (dual diagnosis)	\$375,000
Pillar and Vine	Treatment foster care placing agency	Children	\$25,000
Prevea Health WorkMed	Drug screenings	CPS parents, AODA, JJ youth	\$90,000
Productive Living Systems	Corporate adult family homes, CBRF (assisted living), supportive apartment program	MH/AODA	\$250,000
Productive Living Systems (Pnuma LLC)	CBRF (assisted living)	PD with MH issues	\$120,000
Psychological Consultants of Green Bay	Psychological assessments to determine competency	Elderly, DD	\$25,000
Ravenwood Behavioral Health	Nursing home for high-needs MH clients	High-needs MH	\$100,000
Rawhide	Residential care center (RCC) for juvenile offenders	Juvenile offenders	\$400,000
REDI Transports (Formerly WI Lock and Load)	Provides secure transportation to/from GB to other state facilities	MH, JJ	\$65,000
Rehabilitation House	Transitional CBRF (assisted living) for co-occurring AODA/MH	MH/AODA	\$60,000
REM Wisconsin	Corporate adult family home, CBRF (assisted living)	MH, PD with MH issues	\$200,000
Saint A	Treatment foster care placing agency	Children	\$42,000
Social Thinkers	Social learning groups for children with social communication challenges	Children with long-term care needs	\$22,500
Smith Receiving Home	Receiving home for emergency placements	Children in need	N/A
Spectrum Behavioral Health	CCS services	Children	\$120,000
St. Charles Youth & Family Services	Treatment foster care placing agency	Children	\$30,000
St. Vincent Hospital	Birth to 3 services, home delivered meals	Children with disabilities	\$215,000
Tellurian	Residential detox	AODA	\$55,000
Tim Halbrook Builders	Home remodeling/modifications	Families of long-term care children	\$50,000
Tomorrow's Children	Children high-needs residential care center (RCC)	High behavioral needs children	\$100,000
Treatment Providers (Dr. Fatoki)	Medication Assisted Treatment (MAT) for opioid abuse treatment	AODA	\$60,000
Trempealeau County Health Care	County-run adult family homes, CBRF (assisted living), and institute for mental disease	Very high-needs MH	\$1,000,000

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**HEALTH AND HUMAN SERVICES
2020 PROVIDER CONTRACT LIST - 3/5/2020**

Provider	Service(s) Description	Target Client	Updated Not-to-Exceed Amount
United Translators	Interpreter/translation services	Non-english speaking	\$10,000
VanLanen Receiving Home	Receiving home for emergency placements	Children in need	N/A
Villa Hope	CBRF (assisted living), supportive apartment program	MH/AODA	\$1,400,000
Walking and Wheeling	Medical/therapeutic supplies and equipment and home modifications	Children	\$50,000
Willow Creek Behavioral Health (SBH)	Inpatient psychiatric and detox services	MH/AODA	\$200,000
Wisconsin Family Ties	Family support and advocacy services	Parents of MH/juvenile offenders	\$26,000

Brown County Health and Human Services
New Non-Contracted and Contracted Providers
 March 5, 2020

REQUEST FOR NON-CONTRACTED PROVIDER			
PROVIDER	SERVICE DESCRIPTION	NOT-TO-EXCEED AMOUNT	DATE
Individual	Respite for CPS children	\$10,000	2/10/20
Down Syndrome Association of WI	Daily living skills for CLTS children	\$10,000	2/24/20
Individual	Respite for CPS children	\$10,000	2/24/20
Individual	Respite for CPS children	\$10,000	2/24/20

REQUEST FOR NEW PROVIDER CONTRACT				
PROVIDER	SERVICE DESCRIPTION	TARGET CLIENTS	NOT-TO-EXCEED CONTRACT AMOUNT	DATE